ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL

Operational Architecture

Conduct Medical Evacuation in a Theater of Operations

AMEDD-OA-001

Conduct Medical Evacuation in a Theater of Operations
AMEDD-OA-001

Summary of Changes

During January and February 2000 KPMG, MISO and DCDD met to discuss and analyze whether the evacuation OA developed will support the IBCT (separate brigade) concept as is. This issue was raised during the evacuation OA briefing to Major General Peake on January 10th.

The analysis resulting in the following updates to the evacuation OA products:

AV-1 Overview and Summary Document
- The graphic in the purpose section of the AV-1 was replaced with a graphic that better reflects the agencies the Evacuation OA will have an impact or interaction with.
- The context section was edited to include a statement addressing the separate brigade concept
- A2C2 Overlay was included in the arrow findings section addressing the new location of the FSMT under the separate brigade concept.

OV-1 High-Level Operational Concept
- The separate brigade concept was added to the combat health system evacuation concept section.
- The medical regulating paragraph was edited to reflect ITV may begin at level II versus level I.
- A FSMT description was also added to the combat health system evacuation concept section.

OV-2 Operational Node Connectivity Description
- Expanding the architecture to support the separate brigade concept resulted in 3 additional communication links. Four operational elements were renamed to a more class-decriptive identification to accommodate the separate brigade concept.

OV-3 Operational Information Exchange Matrix
- The 3 additional links added to the OV-2 resulted in 8 additional IERs

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Conduct Medical Evacuation in a Theater of Operations

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- ***AV-1*** *Overview and Summary Information*
- ***AV-2*** *Integrated Dictionary*
- ***OV-1*** *High-Level Operational Concept Graphic*
  - *High-Level Operational Concept Narrative*
- ***OV-2*** *Operational Node and Connectivity Diagram*
- ***OV-3*** *Operational Information Exchange Matrix*
- ***OV-4*** *Command Relationships Description*
- ***OV-5*** *Activity Model*
  - *Model Report*
  - *Activity Report*
  - *Arrow Report*
- ***OV-6*** *Operational Sequence and Timing Descriptions*
  - *Model Report*
  - *Unit of Work (UOW) Report*

OVERVIEW AND SUMMARY INFORMATION (AV-1)

AMEDD-OA-001

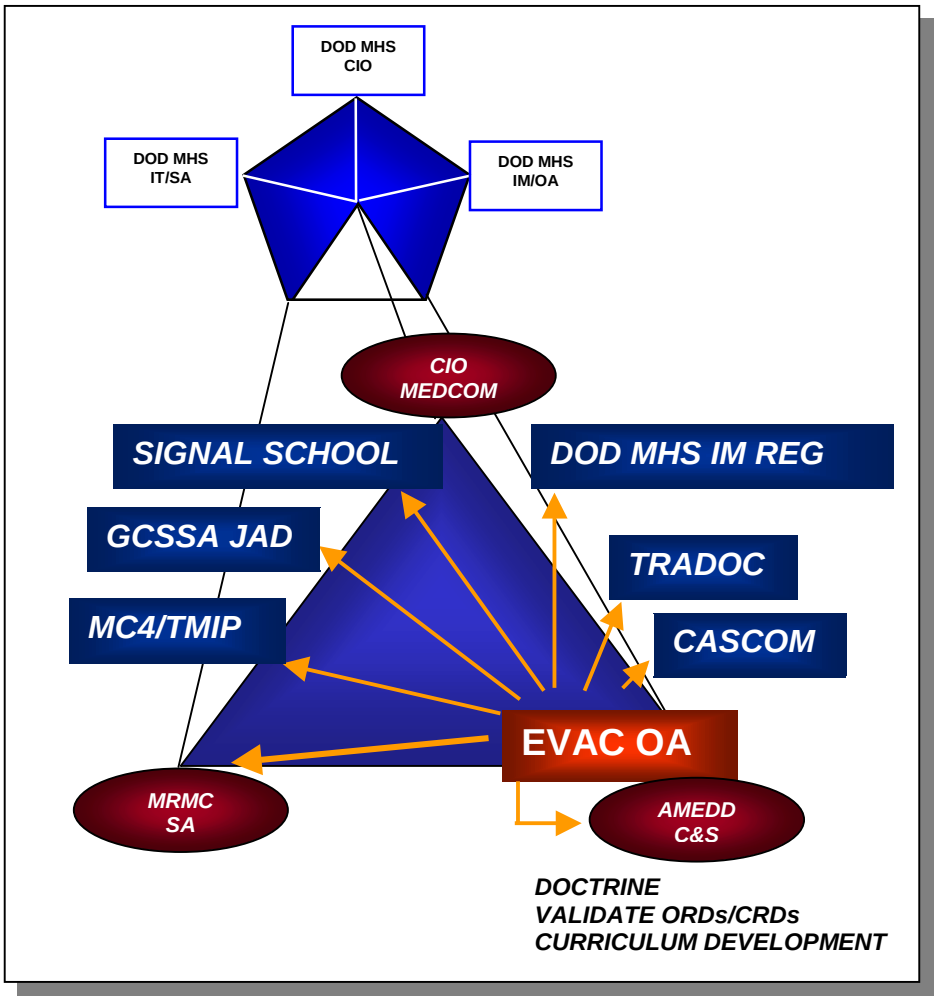
OVERVIEW AND SUMMARY INFORMATION (AV-1)
MEDICAL EVACUATION IN A THEATER OF OPERATIONS

IDENTIFICATION

- Name: Medical Evacuation Operational Architecture (AMEDD-OA-001)
- Architect: Medical Information Systems Office, Directorate of Combat and Doctrine Development
- Date of Development: October 1998 – December 1999

PURPOSE

This operational architecture establishes a baseline for medical evacuation information requirements in accordance with evolving Force XXI operational concepts. The anticipated uses of this architecture are depicted below.



SCOPE

This architecture describes the operational concepts, command relationships, activities and information requirements of the operational elements composing a Force XXI

medical evacuation system in a theater of operations. The timeframe is To-Be (2010). The following products were produced in accordance with the C4ISR Architecture Framework, Version 2.0 and the AMEDD Operational Architecture Guide.

- Essential
  Overview and Summary Information (AV-1)
  Integrated Dictionary (AV-2)
  High-Level Operational Concept Graphic (OV-1)
  Operational Node and Connectivity Description (OV-2)
  Operational Information Exchange Matrix (OV-3)
- Supporting
  Command Relationships Chart (OV-4)
  Activity Model (OV-5)
  Operational Sequence and Timing Descriptions (OV-6)

CONTEXT

Medical evacuation is the timely, efficient movement and en route care by medical personnel of wounded, injured or ill persons from the battlefield or other locations to medical treatment facilities (MTFs). This system begins with the initial identification of a casualty and continues through the arrival of the casualty at a point capable of an appropriate level of care.

The AMEDD must be able to provide an integrated medical evacuation system throughout the operational spectrum including the evolving missions of stability and support operations and shore to ship/ship to shore patient evacuation. Evacuation platforms must have the capability to perform in nearly all environmental conditions and over all terrain conditions. Evacuation platforms must be able to integrate information with supporting and supported units as well as with the medical information infrastructure. They must possess the capability to maintain situational awareness while providing mission/patient status on the future, digitized battlefield. Units must provide state of the art en route medical care compatible with the medical structure in the area of operations.

This architecture depicts the information exchanges between operational elements of a Force XXI medical evacuation system supporting the employment phase of operations of a major regional conflict. This architecture also addresses the requirements of the brigade combat team concept during and after the first 96 hours of deployment into an area of operations (AO). It encompasses the main activities of medical evacuation, which are clearing the battlefield, maintain the fleet, and conduct units operations. The operational architecture does not depict a particular organizational model or force structure; nor does it show the internal information exchanges of operational elements. Inputs, outputs, controls and mechanisms are defined by information types; the movement of resources and equipment between processes is not modeled. Activities not requiring information within the scope and viewpoint of the architecture are not reflected. Because this is a to-be architecture, mechanisms and organizations may still be under development and not yet formally documented.

The following sources were used to develop this architecture:

- FM 8-10-6, Medical Evacuation in a Theater of Operations, 31 Oct 91
- FM 8-10-16, Army Medical Information Operations, 3 Sep 98
- FM 8-10-21, Division and Brigade Surgeon's Handbook (Digitized) Tactics, Techniques, and Procedures (Final Draft) August 1999
- FM 8-10-26, Air Ambulance Company, 16 Feb 99
- FM 101-5-1, Operational Terms and Graphics, 30 Sep 97
- FM 100-5, Operations, 14 Jun 93
- ARTEP 8-446-MTP, Mission Training Plan for the Medical Evacuation Battalion Headquarters, 20 Mar 92
- ARTEP 8-058-30-MTP, Mission Training Plan for the Medical Company, Forward Support Battalion, Support Command, Heavy Division, 21 Feb 97
- ARTEP 8-279-30-MTP, Mission Training Plan for the Medical Company (Air Ambulance), 7 May 96
- ARTEP 8-437-30-MTP, Mission Training Plan for the Medical Company, Support Battalion, Heavy Separate Brigade/Separate Infantry Brigade, and Medical Troop, Support Squadron, Armored Cavalry Regiment, 30 Sep 97
- ARTEP 8-446-30-MTP, Mission Training Plan for the Headquarters Detachment, Medical Evacuation Battalion, 1 Sep 98
- ARTEP 8-449-30-MTP, Mission Training Plan for the Medical Company (Ground Ambulance), 19 Aug 96
- ARTEP 8-456-30-MTP, Mission Training Plan for the Support Company, Area Support Medical Battalion, 28 Jun 96
- Army Universal Task List, 23 Jun 99
- CJCSM 3500.04A, Uniform Joint Task Listing, Ver 3.0, 13 Sep 96
- TRADOC Pamphlet 525-50, Operational Concept for Combat Health Support, 1 Oct 96
- TRADOC Pamphlet 525-5, Force XXI Operations, 1 Aug 94
- Joint Pub 4-02.2, Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations, 30 Dec 96
- Combat Health Support Operations: Clearing the Battlefield Concept Paper (draft), 30 Oct 98
- AMEDD C&S Director of Combat and Doctrine Development Information Briefing: Medical Reengineering Initiative: Combat Health Support of Force XXI, 2 Feb 98
- TRANSCOM Regulating, Command and Control Evacuation System (TRAC2ES) Concept of Operations, 17 Mar 98
- Army Medical Department Directorate of Combat and Doctrine Development Theater Medical Information Program Requirements Rationale and Horizontal Traceability Report, 1 Oct 97
- Aeromedical Evacuation Officer Course (2C-F7), 16 - 27 Aug 99
- Force XXI Battle Command - Brigade and Below (FBCB2) User Functional Description, Version 4.0, 24 Feb 99
- AMEDD C&S Director of Combat and Doctrine Development Information Paper: Level 1 & 2 Combat Health Support under Force XXI, 6 May 97

- AMEDD C&S Director of Combat and Doctrine Development Information Paper: Warfighter Physiological Status Monitor and Warrior Medic, 23 Feb 99
- AMEDD C&S Director of Combat and Doctrine Development Information Paper: Personal Information Carrier, 7 May 98
- AMEDD C&S Director of Combat and Doctrine Development Information Paper: Patient Movement Items, 5 Jan 99
- Warrior Medic (WM) System Operational Requirements Document (Draft), 1 Dec 98
- Movement Tracking System (MTS) Operational Requirements Document, 14 Sep 98
- Global Combat Support System (GCSS) Operational Architecture, Ver 3.1, 16 Jun 98

This architecture will be integrated with the architectures of the other AMEDD functional areas encompassing their spectrum of activities across a theater of operations. The architecture will also show linkages to other services' operations, such as the Air Force medical evacuation system.

FINDINGS

Activity Findings

Activity 1.1.4 – Transmit Evacuation Request

New technology could expedite the process by allowing the treatment provider to request medical evacuation either by voice activation or pressing a single button on the soldier's Land Warrior ensemble or the provider's Warrior Medic ensemble. Recommend the process be studied to take advantage of the technology while keeping the command authority involved. Current doctrine contained in FM 8-10-6 indicates the determination to request medical evacuation and assignment of a precedence is made by the senior military person present. This decision is based on the advice of the senior medical person at the scene, the patient's condition, and the tactical situation. FBCB2 will allow the combat medic to send a request, but won't allow it to go further than the company level unless approved by the senior military person present.

Activity 1.1.1 - Find, Evaluate and Collect Casualties

When a soldier wearing the Land Warrior ensemble is identified as a casualty, the soldier's location will be automatically identified in real time on a map display. With the Warrior Medic System, the medic will be provided a visual indicator that includes the distance and azimuth to the soldier's location. However, not all soldiers in the theater will have the Land Warrior system. Therefore, the traditional voice mode will still be in use to request medical aid for some casualties. Due to the asymmetrical threat, it may be necessary for all soldiers to have capabilities embedded in the warfighter physiological monitoring device as well as hazardous agent exposure.

Activity 1.4 - Account for Patient Movement Items

Most, if not all PMIs will be accounted for at all levels by 2010. Level I should have automatic capture of PMI status.

Arrow Findings

A2C2Overlay

Normally under Force XXI concept the Forward Support MedEvac Team (FSMT) is located with the support medical company level II facility. Under the brigade combat team concept the FSMC may be co-located with the aviation element and will receive its digital A2C2 information directly from the relevant A2C2 element via AMPS.

Agreements

Operationally relevant agreements should be available to commanders and command surgeons on demand in a digital format (for example: host nations, NGOs – Non government organizations, government organizations, interservice, etc.).

Beds Available

The planned information systems in 2010 provide visibility into bed and OR status across the theater of operations. This offers an opportunity to streamline the joint medical regulating process in the present system that provides the status for a respective area of operations.

Call for Support

The supply module of the FBCB2 Call for Support should provide the requisite information for the Supply Requisition to support efficient workflow and minimize the data entry effort. At brigade and below, this information will be entered through FBCB2 and integrated into CSSCS. At division and higher, it is assumed this information will be entered through the available STAMIS or through DMLSS if fielded. Requisite data for CSSCS, GCSS-A will be extracted automatically from this system.

Casualty Feeder Reports

Casualty reports are submitted immediately after the incident. To support efficient workflow and minimize the data entry effort, the necessary fields from this report should be automatically integrated in the PERSITREP, which will be submitted at fixed intervals by units having FBCB2 (see PERSITREP arrow). Units not having this system will still need to submit this report by voice, message or courier. At division and higher, it is assumed this information will be entered through the available personnel STAMIS. Requisite data for CSSCS or GCSS-A will be extracted automatically from this system.

Crew Registration Report

At brigade and below, this information will be entered through FBCB2 and integrated into CSSCS. At division and higher, it is not clear how this information will be captured. TMIP captures the requirement, but does not indicate which system will accomplish the data capture. Once the appropriate information system is identified, requisite data for CSSCS, GCSS-A can be extracted automatically from this system. Embedded Battle Command (EBC) platform and Aviation Mission Planning System (AMPS) will be deployed to corps medical units to assist with tracking those units operating throughout the theater.

Daily Flight Log

AMPS will automate the Daily Flight Log and should interface with the Unit Level Logistics System to assist in planning PMCS.

Distress Call
Not all soldiers will have an ensemble like the Land Warrior capable of transmitting a distress call, e.g. CSS forces. Therefore, this will have to remain a voice transmitted information exchange for these forces until a requirement is approved.

En Route Unit Information
At brigade and below, this information will be entered through FBCB2 and integrated into CSSCS. Requisite data for CSSCS, GCSS-A will be extracted automatically from this system.

LOGSITREP
For units having FBCB2, It is assumed this report will include the information now contained in the Material Condition Status Report (DA Form 2406). The necessary fields from that report should be integrated in the LOGSITREP. Furthermore, requisite information from the MEDSITREP should be automatically extracted to support efficient workflow and minimize the data entry effort.

MEDEVAC Mission Request
Intermediate headquarters or units monitor transmission of these information exchanges to ensure they are received and acted on. There, they should secondary recipients of all such information exchanges.

MEDLOGSITREP
To support efficient workflow and minimize the data entry effort, the supporting information systems should allow for sharing of information and automatic population of data fields of this report with the LOGSITREP.

MEDSITREP
This report includes some of the information contained in the MEDLOGSITREP and PERSITREP. To support efficient workflow and minimize the data entry effort, the supporting information systems should allow for sharing of information and automatic population of data fields from these reports with the MEDSITREP. At brigade and below, this information will be entered through FBCB2 and integrated into CSSCS. At division and higher, this information will be entered through the available STAMIS or TMIP. Requisite data for CSSCS or GCSS-A will be extracted automatically from this system.

Mission Back Brief
Recommend the current After Action Record format be expanded to add this additional information. This information exchange should be automated to allow textual data mining and automatic population of other reports such as intelligence reports, PERSITREP and operational capabilities.

Mission Plan
Little of this information is provided in an integrated, automated fashion at the present time. AMPS will address this requirement for air ambulances. FBCB2 will address the requirements for ground ambulances. Ambulances lacking either of these systems will continue to use manual means to obtain and integrate this information.

NBC Report
At brigade and below, this information will be entered through FBCB2. At

division and higher, it is not clear whether a STAMIS or TMIP system will be used. Requisite data for CSSCS, GCSS-A will be extracted automatically from this system.

Patient Movement Request
The TRAC2ES ORD and CONOPS regarding the starting point of the PMR is ambiguous. These documents state the PMR information is captured at the patient's first encounter with the patient movement system. This may be interpreted as Level III. However, in the Army, the patient's first encounter with the evacuation system is from Level I or II. Furthermore, at Levels I to III, patients are not regulated using individual movement requests. Rather, they are sent to Level II or III facilities based on planned bed laydowns (See OV-5 Arrow Report), bed availability, and operating room availability. Therefore, the Army requires a different system for these information exchanges at Levels I to III. The information exchanges are addressed by the Medical Evacuation Request (see arrow report). This is addressed by FBCB2 for units operating at brigade and below. There needs to be a FBCB2-like capability for units operating in the rear to transmit these requests. TRAC2ES has the capability to produce planning PMRs. This could be based on diagnostic codes or other indicators obtained as patients enter Level III facilities if the data interfaces with the clinical information system are in place. This could obviate the need to actively produce and send PMRs.

PERSITREP
For units having FBCB2, it is assumed this report will include the information now contained in the Casualty Feeder Report. The necessary fields from that report should be integrated in the PERSITREP to preclude redundant data entry. This report includes some of the information contained in the MEDSITREP. The necessary fields from this report should be automatically integrated in the MEDSITREP to avoid redundant data entry. At brigade and below, this information will be entered through FBCB2 and integrated into CSSCS. At division and higher, this information will be entered through the available STAMIS or TMIP (DMHRS). Requisite data for CSSCS or GCSS-A will be extracted automatically from this system. To support efficient workflow and minimize the data entry effort, the above systems should allow for sharing of information and automatic population of data fields.

Physiological Data
It's uncertain whether the information will be derived from the casualty using the Warfighter Physiological Status Monitor (WPSM) or the Automated Vital Signs Monitor (AVSM). However, it will be an non-invasive device capable of automatically uploading the data into an electronic patient record.

PMI Inventory
Need to ascertain how this information will be entered and into DMLSS when the Medical Logistics Operational Architecture is accomplished.

PMI Status Reports
PMI status may also be a useful information exchange for CSSCS medical module to combine with the evacuation crew and platform information that is already planned. The information should available through DMLSS, but it's uncertain at this time this model was created whether DMLSS will provide this information in a satisfactory fashion for medical command elements.

Supply Point and Field Service Status Report
At brigade and below, this information will be entered through FBCB2 and integrated into CSSCS. At division and higher, it is assumed this information will be entered through the available STAMIS or TMIP systems. Requisite data for CSSCS, GCSS-A will be extracted automatically from this system. There is a requirement for a FBCB2 like capability at the corps level.

Supply Requisitions
By 2010, medical supply may have evolved to a "push" versus a "pull" system at all levels. If so, supply requisitions may no longer be required, and all the necessary information for re-supply will be provided in the situation reports. However, they are included in the model in case the information is still required. See the Medical Logistics Operational Architecture for more information. At brigade and below, requisitions will be made through the Call for Support using FBCB2. See that arrow for further information. At division and higher, it is assumed this information will be entered through the available STAMIS or TMIP systems. Requisite data for CSSCS or GCSS-A will be extracted automatically from this system.

Tactical Overlays
Air and ground ambulances equipped with the EBC platform and FBCB2 will be able to automatically update their position through this system and access required ground tactical information. Ambulances not designated to be equipped with this system will be highly vulnerable when operating far forward or in the rear in a highly fluid, non-linear battlefield.

TSOP
It would greatly reduce cube and weight, and provide more rapid acquisition of knowledge if this information requirement were available in an automated format with user-friendly data search and decision support capabilities.

USAF Flight Schedules
The information exchange may be obsolete with deployment of TRAC2ES. TRAC2ES functionality will automatically determine bed-lift plans using USAF flight schedules steamlining the patient regulatory process. However, the working group believed it prudent to keep this information exchange until all the deployment issues of TRAC2ES are resolved.

TOOLS AND FILE FORMATS

- Tools
  Microsoft Office™ 97 (Word, PowerPoint, Access)
  Adobe Acrobat Reader
  BPWin™ 2.5
  NetViz™ 3.0
- Files
  EVAC AV-1.doc (Overview and Summary Information)
  AMEDD OA AV-2.mdb (Integrated Dictionary)
  EVAC OV-1.ppt (High-Level Operational Concept Graphic)
  EVAC OV-1.doc (High-Level Operational Concept Description)

EVAC OV-2.net (Operational Node and Connectivity Description)
AMEDD OA OV-3.mdb (Operational Information Exchange Matrix)
EVAC OV-4.ppt (Command Relationship Chart)
EVAC OV-5.bp1 (Activity Model)
EVAC OV-6.bp1 (Operational Sequence and Timing Descriptions)
EVAC OA Working Group Final Report.pdf
EVAC OA Murder Board Final Report.pdf
AMEDD OA-001 Final Report.pdf

INTEGRATED DICTIONARY (AV-2)

AMEDD-OA-001

(AV-2) Integrated Dictionary

Name	Definition	Class	Functional Area	Category
A2C2	Army Airspace Command and Control Section	OE	ALL	TOE
A2C2 Overlay	A generic name for graphically oriented information that depicts the airspace situation.	AR	EVAC	TOE
A2C2 Plan	The Army Airspace Command and Control plan coordinates the efficient employment of airspace users to accomplish the ground commander's mission.	AR	EVAC	TOE
AA	Air Ambulance	OE	ALL	TOE
AA Co	Air Ambulance Company	OE	ALL	TOE
AA CO (Aaslt)	Air Ambulance Company (AASLT)	OE	ALL	TOE
AA Tm	Air Ambulance Team	OE	ALL	TOE
AC	Model activity	IER	ALL	TOE
Account for Patient Movement Items	To inventory, exchange and replace the medical equipment items involved with casualty movement.	AC	EVAC	TOE
Acquire the Casualty	To determine the location of a casualty, move to that point and prepare the casualty for movement.	AC	EVAC	TOE
Acquired Casualty	A casualty that has been located and acquired by the relevant treatment provider.	AR	EVAC	TOE
Administer Maintenance Support	Coordinate supporting intermediate maintenance for additional maintenance of organic vehicles, aircraft and avionics equipment.	AC	EVAC	TOE

Name	Definition	Class	Functional Area	Category
Administer EMT	Emergency medical treatment required to return the soldier to duty or stabilize the patient for transport to a medical treatment facility.	AC	EVAC	TOE
Administer Logistics	The planning and execution of activities that acquire, move, distribute, store, maintain and dispose of materiel and acquire and furnish services.	AC	EVAC	TOE
Administer Personnel	Supervisory and administrative functions regarding the personnel assigned to the operational element or unit.	AC	EVAC	TOE
AECC	Aeromedical Evacuation Control Center	OE	ALL	TOE
AELT	Air Evacuation Liaison Team	OE	ALL	TOE
Agreements	Agreements with host nations, nongovernment organizations, other services (Interservice Agreements), NATO forces, or United Nations that may impact on operations.	AR	EVAC	TOE
Air Amb TM, corps	Air Ambulance Team, Corps	OE	ALL	TOE
AIS ID	Connectivity attribute: Automated information system (AIS) identification. The AIS that is the source of the information exchange requirement	IER	ALL	TOE
Alt Service Type ID	IER Connectivity Attribute: Secondary means of conveying information	IER	ALL	TOE
Ambulance Team	The ambulance team is the crew of either a ground or air ambulance depending on the tactical situation and location of the casualty on the battlefield.	AR	EVAC	TOE
Ambulances Available	Air or ground ambulance units available to the patient movement system supporting that particular level of health care.	AR	EVAC	TOE
AML	Area Medical Laboratory	OE	ALL	TOE

Name	Definition	Class	Functional Area	Category
Animal Surgical Det	Animal Surgical Detachment	OE	ALL	TOE
AO	Area of operation	OE	ALL	TOE
Append Medical Record	Document the medical encounter and capture relevant physiological, exposure , personal and demographic data.	AC	EVAC	TOE
AR	Model arrow	IER	ALL	TOE
Area Comm Surg	Area Command Surgeon	OE	ALL	TOE
Area HQ	Area Headquarters	OE	ALL	TOE
ASB	Area Support Battalion	OE	ALL	TOE
ASBPO	Armed Services Blood Program Office	OE	ALL	TOE
ASF	Aeromedical Staging Facility	OE	ALL	TOE
ASM DET	Area Support Medical Detachment	OE	ALL	TOE
ASMB/C	Area Support Medical Battalion/Company	OE	ALL	TOE
ASMC	Area Support Medical Company	OE	ALL	TOE
ASMS	Area Support Medevac Section	OE	ALL	TOE

Name	Definition	Class	Functional Area	Category
Assess Evacuation Request & Clinical Factors	The clinical and operation assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of appropriate level of care.	AC	EVAC	TOE
Assess Mission Requests & Tactical Situation	The integration of all available command guidance and known planning factors to execute a medical evacuation mission synchronized with the activities of the supported units and units providing combat service support to the medical system.	AC	EVAC	TOE
Assess Planning Factors & Mission Drivers	The integration of all available command guidance and known planning factors to effect a medical evacuation plan synchronized with the plans of the supported units and units providing combat service support to the medical system.	AC	EVAC	TOE
ASWBPL	Armed Services Whole Blood Processing Lab	OE	ALL	TOE
AV-1	Product reference for Overview and Summary Information architecture product	ACR	ALL	TOE
Aviation BDE	Aviation Brigade	OE	ALL	TOE
Aviation Element	Aviation Element	OE	ALL	TOE
AVIM CO	Aviation Intermediate Maintenance Company	OE	ALL	TOE
AVUM Plt	Aviation Unit Maintenance Platoon	AR	EVAC	TOE
BAS	Battalion Aid Station	OE	ALL	TOE
BAS GRD AMB TM	Battalion Aid Station Ground Ambulance Team	OE	ALL	TOE
BDC	Blood Donor Center	OE	ALL	TOE

Name	Definition	Class	Functional Area	Category
BDE	Brigade	OE	ALL	TOE
BDE Flt Coord Ctr	Flight Coordination Center (Brigade)	OE	ALL	TOE
BDE S3 Air	Brigade A2C2 Element	OE	ALL	TOE
Beds Available	Beds available to the patient movement system supporting that particular level of health care.	AR	EVAC	TOE
Blood Spt Det	Blood Support Detachment	OE	ALL	TOE
BN	Battalion	OE	ALL	TOE
BSMC	Brigade Support Medical Company	OE	ALL	TOE
BSS	Brigade Surgeon Section	OE	ALL	TOE
Call for Fire	Request for fire support to suppress enemy activity.	AR	EVAC	TOE
Call for Support	Request for combat support and combat service support.	AR	EVAC	TOE
Casualty	Casualty	OE	ALL	TOE
Casualty	Any person who is lost to the unit by reason of having been declared dead, wounded, injured, diseased, interned, captured, retained, missing, missing in action, beleaguered, besieged or detained.	AR	EVAC	TOE

Name	Definition	Class	Functional Area	Category
Casualty (DOW)	A soldier who dies as a result of his/her wounds or illness while in the combat health system or en route to a unit of the combat health system.	AR	EVAC	TOE
Casualty Feeder Reports	Consolidated reports of unit casualties inflicted by enemy action, injury or illness.	AR	EVAC	TOE
Casualty Rates	Casualties expressed in number per thousand per day expected from operations.	AR	EVAC	TOE
CHS Resources	The personnel, equipment, supplies, vehicles and other resources other than IM and IT supporting combat health services.	AR	EVAC	TOE
CL	Combat Lifesaver	OE	ALL	TOE
Class VIII/Blood Movement Request	Resupply of Class VIII supplies to combat units.	AR	EVAC	TOE
Classification ID	IER Operational Environment: Classification of the information being exchanged	IER	ALL	TOE
Clear the Battlefield	To identify, acquire, transport, provide en route treatment, and regulate casualties from the area of operations.	AC	EVAC	TOE
Clinical Coordinator	A medically qualified person who validates transportation of the patient will not exacerbate his/her condition.	AR	EVAC	TOE
CM	Combat Medic	OE	ALL	TOE
CO 1SGT	Company First Sergeant	OE	ALL	TOE
Combat Medic	This is the first individual in the CHS chain who makes medically substantiated decisions based on medical training.	AR	EVAC	TOE

Name	Definition	Class	Functional Area	Category
Command Guidance	Command guidance includes the doctrine, policy, procedures, plans and standards issued by higher command to subordinate units to guide and control the military health system. This includes such things as policies, field manuals, TTPs, SOPs, concepts of operations, operational plans, and orders.	AR	EVAC	TOE
Command Surgeon	The senior medical officer and staff at various levels of command.	AR	EVAC	TOE
Command Surgeon Section	The senior medical officer and staff at various levels of command.	AR	EVAC	TOE
Commander's Intent	The tactical commander's plan of employment and scheme of maneuver.	AR	EVAC	TOE
Comments	Information such as issues/clarifications required from an integrated concept team (ICT)	IER	ALL	TOE
COMMZ CSH	COMMZ Combat Support Hospital	OE	ALL	TOE
Company Commander & Staff	The company commander and staff of various medical units.	AR	EVAC	TOE
Conduct Medical Evacuation in a Theater of Operations	The AMEDD must be able to provide an integrated medical evacuation system throughout the operational spectrum including the evolving missions of stability and support operations and shore to ship/ship to shore patient evacuation. Evacuation platforms must have the capability to perform in nearly all environmental conditions and over all terrain conditions. Evacuation platforms must be able to integrate information with supporting and supported units as well as with the medical information infrastructure. They must possess the capability to maintain situational awareness while providing mission/patient status on the future, digitized battlefield. Units must provide state of the art en route medical care compatible with the medical structure in the area of operations.	AC	EVAC	TOE

Name	Definition	Class	Functional Area	Category
Conduct Unit Operations	To manage the medical resources and administrative processes providing effective and consistent flow of casualties from the area of operations.	AC	EVAC	TOE
Confirmed Evacuation Request	A MER or PMR that has undergone the clinical and operational assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of the appropriate level of care.	AR	EVAC	TOE
Conflict ID	IER Operational Environment: Type of conflict in which the information exchange will be required	IER	ALL	TOE
Connectivity Mode ID	IER Connectivity Attribute: Connectivity mode between sender of information and receiver	IER	ALL	TOE
Connectivity Type ID	IER Connectivity Attribute:Connectivity type between sender of information and receiver	IER	ALL	TOE
Contact Team	They deploy to the site of a disabled aircraft and make repairs or assist crew/unit repairer to allow the aircraft to continue its mission or to recover to base.	AR	EVAC	TOE
Coordinate Medical Evacuation	To arrange for the acquisition, movement, and disposition of a casualty to a point capable of an appropriate level of care.	AC	EVAC	TOE
Coordinate Transportation	Coordination and designation of the most appropriate means of transporting a patient using dedicated, designated or opportune ground or air vehicles. The process may occur iteratively until the patient is delivered to a unit capable of an appropriate level of care.	AC	EVAC	TOE
CORPS	Corps	OE	ALL	TOE
Corps Log Spt Co	Corps Logistics Support Company (Rear)	OE	ALL	TOE
CORPS MEDLOG CO	Corps Medical Logistics Company	OE	ALL	TOE

Name	Definition	Class	Functional Area	Category
COSCOM	Corps Support Command	OE	ALL	TOE
Cost of Failure	IER Criticality Attribute: How critical is the information exchange in accomplishing the users' mission?	IER	ALL	TOE
Crew Registration Report	Report indicating the assignment of personnel to a specific unit reference number and the social security numbers of the personnel operating the system.	AR	EVAC	TOE
CSC Co	Combat Stress Control Company	OE	ALL	TOE
CSC DET	Combat Stress Control Detachment	OE	ALL	TOE
CSC TM	Combat Stress Control Team	OE	ALL	TOE
CSH	Combat Support Hospital	OE	ALL	TOE
Daily Flight Log	Record of a medical evacuation dispatch made at the time of departure.	AR	EVAC	TOE
DCAS	Dental Company Area Support	OE	ALL	TOE
Denied Evacuation Request	A MER or PMR that has been denied due to operational or clinical factors.	AR	EVAC	TOE
Description	Description of the information exchange requirement	IER	ALL	TOE
Detection Avoidance	IER Operational Environment: Ability to transmit while denying detection and location	IER	ALL	TOE
Detection Avoidance Distance	IER Operational Environment: Indicates dectection avoidance edistance in meters	IER	ALL	TOE

Name	Definition	Class	Functional Area	Category
Determine Patient Destination	Coordination and designation of the medical treatment facility capable of an appropriate level of care and having the capacity to accept the patient.	AC	EVAC	TOE
DISCOM	Division Support Command	OE	ALL	TOE
Distress Call	A request for medical intervention from a maneuvering unit.	AR	EVAC	TOE
DIV	Division	OE	ALL	TOE
DMMC	Division Materiel Management Center	OE	ALL	TOE
DMOC	Division Medical Operations Center	OE	ALL	TOE
DSA	Division Support Area	OE	ALL	TOE
DSB	Division Support Battalion	OE	ALL	TOE
DSMC	Division Support Medical Company	OE	ALL	TOE
DSS	Division Surgeon Section	OE	ALL	TOE
EBC	Embedded Battle Command	ACR	ALL	TOE
Employ Operational Elements	The deployment and redeployment of evacuation operational elements in support of Combat Health Support tactical plans and METT-T factors.	AC	EVAC	TOE
Employ Units	The employment of units to execute a specific mission.	AC	EVAC	TOE

Name	Definition	Class	Functional Area	Category
En Route Clinical Information	Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.	AR	EVAC	TOE
En Route Unit Information	Information from a unit in transit to its corresponding command function.	AR	EVAC	TOE
ETA	The estimated time of arrival at the designated point of transfer or care.	AR	EVAC	TOE
Evacuation Clinical Factors	Clinical data for the patient to be evacuated that can have a bearing on the movement of the patient. For example, flight altitude restrictions due to the nature of injuries.	AR	EVAC	TOE
Evacuation Crew Readiness Reports	Information regarding the readiness of ground or air ambulance crews to support a specific mission.	AR	EVAC	TOE
Evacuation Platform Readiness Reports	Information regarding the readiness of ground or air evacuation platforms to support a specific mission.	AR	EVAC	TOE
Evacuation Precedence	Evacuation precedence is a classification applied to a patient to determine priority and urgency for evacuation.	AR	EVAC	TOE
Evacuation Section/Platoon	A section or platoon of a medical unit that executes medical evacuation missions.	AR	EVAC	TOE
FAD	Forward Aid Station	OE	ALL	TOE
Find, Evaluate and Collect Casualties	The medic maneuvers to the location of the injured or ill soldier, acquires and evaluates the casualty.	AC	EVAC	TOE
Flight Plan	Information delineating an air crew's plan to execute a mission for the purpose of acquiring the requisite flight clearance from the appropriate A2C2 element.	AR	EVAC	TOE
Flight Records	Records of rated and non-rated crew members as proof of flight experience.	AR	EVAC	TOE

Name	Definition	Class	Functional Area	Category
Foliage	IER Operational Environment: Indicates whether or not the signal used to transmit the information exhange is required to penetrate foliage?	IER	ALL	TOE
Food Procurement Det	Food Procurement Detachment	OE	ALL	TOE
FSB	Forward Support Battalion	OE	ALL	TOE
FSC	Forward Support Company	OE	ALL	TOE
FSE	Forward Surgical Element	OE	ALL	TOE
FSMC	Forward Support Medical Company	OE	ALL	TOE
FSMT	Forward Support MEDEVAC Team	OE	ALL	TOE
FST	Forward Surgical Team	OE	ALL	TOE
FST (ABN)	Forward Surgical Team (ABN)	OE	ALL	TOE
GA	Ground Ambulance	OE	ALL	TOE
GA Co	Ground Ambulance Company	OE	ALL	TOE
GH	General Hospital	OE	ALL	TOE
GPMRC	Global Patient Movement Requirements Center	OE	ALL	TOE

Name	Definition	Class	Functional Area	Category
Grd Amb Tm	Ground Ambulance Team	OE	ALL	TOE
GRD Amb Tm, Corps	Ground Ambulance Team, Corps	OE	ALL	TOE
Head & Neck Surgery Team	Head & Neck Surgery Team	OE	ALL	TOE
HHC	HQ and HQ Company	OE	ALL	TOE
HHC, MED BDE (COMMZ)	HQ & HQ Company, Medical Brigade (COMMZ)	OE	ALL	TOE
HHC, MED CMD (COMMZ)	HQ & HQ Company, Medical Command (COMMZ)	OE	ALL	TOE
HHC, Med Cmd (Corps)	HQ & HQ Company, Medical Command (Corps)	OE	ALL	TOE
HHD, Area Spt Med BN	HQ & HQ, Area Support Medical Battalion	OE	ALL	TOE
HHD, Med Evac Bn	HQ & HQ Division, Medical Evacuation Battalion	OE	ALL	TOE
HHD, Med Log Bn	HQ & HQ Division, Medical Logistics Battalion	OE	ALL	TOE
HHD, Vet Spt Bn	HQ & HQ Division, Veterinary Support Battalion	OE	ALL	TOE
IBCT	Initial Brigade Combat Team	OE	ALL	TOE
IER	Information Exchange Requirement matrix legend	IER	ALL	TOE

Name	Definition	Class	Functional Area	Category
IM/IT	The information technologies and automated information systems that will be integrated into all echelons of CHS. The technologies will include enhanced monitoring of the soldier on the battlefield, audio and visual mentoring of medical staff on the battlefield, teleconsultation between the different echelons of care, enhanced en route care, the use of evacuation capsules and telesurgery.	AR	EVAC	TOE
Infectious Disease Tm	Infectious Disease Team	OE	ALL	TOE
Intelligence Information	Raw intelligence regarding enemy operations and situation obtained by subordinate units during the execution of their mission.	AR	EVAC	TOE
Intelligence Reports	A description of enemy activity or situation resulting from the collection, evaluation, analysis and interpretation of intelligence information reported by subordinate units.	AR	EVAC	TOE
Interception Avoidance	IER Operational Environment: Ability to transmit while denying interception and analysis of signal	IER	ALL	TOE
Intermediate Maintenance Request	Intermediate Maintenance Request	AR	EVAC	TOE
Intertheater MRO	Inter-theater Medical Regulating Office (generic for MedCom MRO)	OE	ALL	TOE
Intratheater MRO	Intra-theater Medical Regulating Office (generic for Med Bde MRO)	OE	ALL	TOE
IPB	Intelligence Preparation of the Battlefield	AR	EVAC	TOE
Issue Tactical Orders	Disseminate orders to subordinate units for execution.	AC	EVAC	TOE
IWB	Interim Weight Brigade	OE	ALL	TOE

Name	Definition	Class	Functional Area	Category
JBPO	Joint Blood Program Office	OE	ALL	TOE
JMRO	Joint Medical Regulation Office	OE	ALL	TOE
JTF	Joint Task Force	OE	ALL	TOE
LinkID	The identification number of the IER link between operational elements; FROM NODE CONNECTIVITY DIAGRAM	IER	ALL	TOE
Log Spt Co	Logistics Support Company	OE	ALL	TOE
LOGSITREP	Logistics Situation Report: This information reports the status of class I, III, IV, V, VII, and VIII materiel to logistic planners and executors to ensure sufficient resources are on hand to accomplish the commander's intent.	AR	EVAC	TOE
MACOM	Major Army Command	OE	ALL	TOE
Maintain the Evacuation Fleet	All the actions necessary to retain or restore an evacuation platform to a specified condition.	AC	EVAC	TOE
Maintenance Advisories	Reports on the status of work in progress for consolidation in reports to higher headquarters.	AR	EVAC	TOE
Maintenance Req	Request for correction of malfunction, or battle damage repair of equipment used by the unit.	AR	EVAC	
Maintenance Schedules	Schedules for routine preventive maintenance checks and the routine repair or replacement of components, or battle damaged equipment.	AR	EVAC	
Manuever to Casualty Location	Manuever to casualty location.	AC	EVAC	TOE

Name	Definition	Class	Functional Area	Category
Manuever to Point of Transfer or Care	Manuever to point of transfer or care.	AC	EVAC	TOE
MASF	Medical Air Staging Facility	OE	ALL	TOE
MASH	Mobile Army Surgical Hospital	OE	ALL	TOE
Material Condition Status Reports	Reports of lost, damaged or destroyed non-expendable equipment.	AR	EVAC	
Maximum	IER Usage - (Frequency): Maximum number of exchanges per 24 hour period	IER	ALL	TOE
Maximum (megabytes)	IER Usage - (Amount): Maximum amount of information per exchange during non-surge operations	IER	ALL	TOE
MDT	Medical Detachment, Telemedicine	OE	ALL	TOE
Med Co	Medical Company	OE	ALL	TOE
Med Log Co	Medical Logistics Company	OE	ALL	TOE
Med Log Mgt Ctr	Medical Logistics Management Center	OE	ALL	TOE
Med Log Spt Co	Medical Logistics Support Company	OE	ALL	TOE
MEDBDE	Medical Brigade	OE	ALL	TOE
MEDBDE MRO	Medical Brigade Medical Regulating Office	OE	ALL	TOE

Name	Definition	Class	Functional Area	Category
MEDCOM	Medical Command	OE	ALL	TOE
MEDCOM MRO	Medical Command Medical Regulating Office	OE	ALL	TOE
MEDEVAC Bn	The Medical Evacuation Battalion tactically controls subordinate air and ground ambulance companies/detachments in the theater of operations.	AR	EVAC	
MEDEVAC BN	Medical Evacuation Battalion	OE	ALL	TOE
MEDEVAC Mission Request	A request made to a medical evacuation operational element for the purpose of transporting a patient from one point to another made.	AR	EVAC	
MEDEVAC Request	A request to the patient movement system to transport the patient to a more appropriate point of care.	AR	EVAC	TOE
MEDEVAC Support Requirements	A request for additional evacuation assets to meet the assigned mission.	AR	EVAC	TOE
Medical History	Longitudinal record of the recorded medical events and significant medical information for the individual.	AR	EVAC	TOE
Medical Intelligence	Medical intelligence is the product resulting from the collection, evaluation, analysis and interpretation of foreign medical, biotechnical and environmental information.	AR	EVAC	TOE
Medical Knowledge	Situationally relevant medical information required by medical personnel in the delivery of health care to a patient. This may be provided either in the form of medical references, protocols, guidelines or communication with or mentoring by qualified clinicians.	AR	EVAC	TOE
Medical References	Reference medical material to guide triage and treatment.	AR	EVAC	TOE

Name	Definition	Class	Functional Area	Category
MEDLOGSITREP	Medical Logistics Situation Report: This information reports the status of selected class VIII materiel to medical logistic planners and executors to ensure sufficient medical resources are on hand to accomplish the commander's intent.	AR	EVAC	TOE
MEDSITREP	Medical Situation Report: This informs medical planners and executors of the current operational status of the assets assigned to the operational element.	AR	EVAC	TOE
METT-TC Factors	The planning factors related to mission, enemy, terrain and weather, troops, time available and civilian considerations.	AR	EVAC	TOE
MFA ID	The medical functional area (MFA) identification. Ten AMEDD functional areas described by TRADOC PAM 525-50	IER	ALL	TOE
Mileage Logs	Mileage logs track the miles traveled by vehicles assigned to the unit.	AR	EVAC	TOE
Minimal Care Det	Minimal Care Detachment	OE	ALL	TOE
Minimum	IER Usage - (Frequency): Minmium number of exchanges per 24 hour period	IER	ALL	TOE
Minimum (megabytes)	IER Usage - (Amount): Minimum amount of information per exchange during non-surge operations	IER	ALL	TOE
Mission Advisories	Reports on the status of mission execution and changes in the tactical situation as the mission progresses.	AR	EVAC	TOE
Mission Back Brief	Regularly scheduled meeting and reports used to monitor the effectiveness and efficiency of operations, unusual occurrences and unit readiness.	AR	EVAC	TOE
Mission Plan	The mission plan consists of all relevant information required by the unit assigned to accomplish the mission.	AR	EVAC	TOE
Mission Tasking	A mission plan specifically assigned to a unit for execution.	AR	EVAC	TOE

Name	Definition	Class	Functional Area	Category
MMMB	Medical Materiel Management Branch	OE	ALL	TOE
Mnv Co	Maneuvering Company	OE	ALL	TOE
Monitor Mission Execution	Monitoring of changes in the tactical situation as the mission is executed.	AC	EVAC	TOE
Monitor Plan Execution	The continuous assessment of unit operations in executing the tactical orders issued.	AC	EVAC	TOE
Most Likely	IER Usage - (Frequency): Number of exchanges "most likely" to occur per 24 hours period	IER	ALL	TOE
Most Likely (megabytes)	IER Usage - (Amount): Amount of information "most likely" to be exchanged during non-surge operations	IER	ALL	TOE
MRO	Medical Regulating Office	OE	ALL	TOE
MRO or equivalent	The medical regulating officer or patient administration function.	AR	EVAC	TOE
MSB	Main Support Battalion	OE	ALL	TOE
MSMC	Main Support Medical Company`	OE	ALL	TOE
MSU	Mutual Support Unit	OE	ALL	TOE
MTF	Medical Treatment Facility	OE	ALL	TOE
Name	Criteria: input/output information per IER; multiple tasks; per operational element communication	IER	ALL	TOE

Name	Definition	Class	Functional Area	Category
NBC Report	Nuclear, Biological, Chemical Report: Provide higher command notification of NBC activity.	AR	EVAC	TOE
Non-operational Platforms and Equipment	Equipment and evacuation platforms that exceed the capability of unit maintenance to return to operational status.	AR	EVAC	TOE
OE	Operational Element	IER	ALL	TOE
On-line Techical Manuals	Digitized versions of technical manuals available at the point of need.	AR	EVAC	TOE
Operational Capabilities	The overall operational status of employed units in regards to placement, personnel, transportation, materiel, security and other information the unit commander deems appropriate.	AR	EVAC	TOE
Operational Readiness	The number and availability of medical resources on hand to meet the requirements imposed by the assigned mission and situation.	AR	EVAC	TOE
Operations Section/Platoon	A section or platoon of a medical unit that plans and coordinates all operations for the unit.	AR	EVAC	TOE
OPLAN/OPORD	The Operational Plan covers a single military operation or a series of connected operations to be carried out simultaneously or successively. The Operational Order puts the OPLAN in effect.	AR	EVAC	TOE
OR Capability	Information on the operating room capabilities available to the patient movement system supporting that particular level of health care.	AR	EVAC	TOE
Outage Duration	IER Criticality Attribute: Maximum operationally acceptable outage duration	IER	ALL	TOE
OV-1	Product reference for High-level Operational concept graphic architecture product	ACR	ALL	TOE
Pathology Tm	Pathology Team	OE	ALL	TOE

Name	Definition	Class	Functional Area	Category
Patient (First Aid Recepient)	A casualty who has received basic resuscitation and stabilization treatment from medical personnel, a combat lifesaver or self administered.	AR	EVAC	TOE
Patient Movement Request	A request from an MTF to the patient movement system to move the patient to an MTF capable of providing the requisite care or to return the patient to duty.	AR	EVAC	TOE
Patient Record	An electronic or paper record (such as the field medical card) that has been updated with recent identification, demographic, medical encounter, physiological or exposure data.	AR	EVAC	TOE
Patient Transfer Notification	Notification of both the requesting and receiving unit of the transfer of a patient.	AR	EVAC	TOE
Perform Contact Maintenance	Repairs or assistance provided at the site of a disabled aircraft.	AC	EVAC	TOE
Perform Unit-level Maintenance	Preventive maintenance or maintenance repair capable of being performed by the operational element's organic maintenance function.	AC	EVAC	TOE
PERSITREP	Personnel Situation Report: This information reports the changes in a unit's personnel duty status to personnel planners and executors to ensure sufficient personnel are on hand to accomplish the commander's intent.	AR	EVAC	TOE
Personal Identification & Demographics	Personal identification, demographics, unit, medical and other information that is unique to a soldier. This is information such as name, Social Security number, race, age, etc. that uniquely identify and describe the individual.	AR	EVAC	TOE
Personal Information	Information about the soldier that is required to provide efficacious health care, support medical intelligence needs and to support other military systems' requirements. This includes personal identification, demographics, unit, medical history, treatment received, location in the health care system and health status.	AR	EVAC	TOE

Name	Definition	Class	Functional Area	Category
Phase ID	IER Operational Environment: Phase of operations in which the information will be required	IER	ALL	TOE
Physiological Data	Current pulse, respiration, temperature and other physiological parameters that reflect the health of the individual.	AR	EVAC	TOE
Plan Operations	Deliberate planning in response to the medical evacuation needs of the maneuvering unit or area of operations being supported.	AC	EVAC	TOE
Planned Bed Laydown	Planned location of hospital units obtained from the Synchronized MEDEVAC and CHS Plan.	AR	EVAC	TOE
Planning Factors	Planning factors are all situational information required for the execution of applicable command guidance or assigned missions. This includes information referred to as mission, enemy, terrain, friendly troops, time available, and civilian considerations (METT-TC), patient's clinical condition, Army airspace command and control information, weather, routes, bed availability, element operational status reports, changes in evacuation policies, etc..	AR	EVAC	TOE
PM Det	Preventive Medicine Detachment	OE	ALL	TOE
PM TM	Preventive Medicine Team	OE	ALL	TOE
PMI Inventory	An inventory of the patient movement items in possession of the ambulance team at that point in time.	AR	EVAC	TOE
PMI Status Reports	Reports indicating the location and availability of equipment required for the safe movement and en route medical care of patients.	AR	EVAC	TOE
PMIs	Equipment required for the safe movement and en route medical care of patients.	AR	EVAC	TOE
PMIs Accompanying Patient	Patient Movement Items accompanying the patient throughout movement in the patient movement system and hospitalization system.	AR	EVAC	TOE

Name	Definition	Class	Functional Area	Category
PMIs Returned to Operation	Patient Movement Items released for use by another patient in the patient movement system and hospitalization system.	AR	EVAC	TOE
PMIs Turned In for Service/Replacement	Patient Movement Items no longer capable of providing safe and effective service for a patient in the patient movement system and hospitalization system.	AR	EVAC	TOE
PMRC	Patient Movement Requirements Center	OE	ALL	TOE
Prepare for next mission	Decontamination and preparation of the crew and vehicle for the next assigned mission.	AC	EVAC	TOE
Protect the Force	Planning and implementation of measures to protect unit's potential to conduct its assigned mission at the appropriate time and place by protecting itself from the effects of (or recovery from) enemy activities.	AC	EVAC	TOE
Provide Administrative Support	Execution of administrative functions for the operational element.	AC	EVAC	TOE
Provide Communications Support	Operation and maintenance of a continuously available communication capability in compliance with command communication security directives.	AC	EVAC	TOE
Provide Enroute Care	Application of medical care en-route to a point of transfer or medical treatment.	AC	EVAC	TOE
PS	Personnel Services Battalion	OE	ALL	TOE
PSS	Personnel Services Support	OE	ALL	TOE
Re-supply requests	Replenishment of medical equipment sets, expendable Class VIII supplies and other supply classes.	AR	EVAC	TOE
Reception Quality ID	IER Connectivity Attribute: Quality of reception required to conduct the operational task effectively	IER	ALL	TOE

Name	Definition	Class	Functional Area	Category
Record of Medical Encounter	Documentation of the diagnostic and treatment procedures provided, reports, outcomes and prognosis resulting from a single encounter with a health care provider.	AR	EVAC	TOE
Reference 1	Primary reference documenting operational requirement for the information exchange	IER	ALL	TOE
Reference 2	Secondary reference documenting operational requirement for the information exchange	IER	ALL	TOE
Regulatory Information	Laws, rules, regulations, and codes of conduct requiring mandatory compliance. This includes public law, Army regulations, Uniform Code of Military Justice, DoD directives, and standards issued by regulatory agencies and professional associations.	AR	EVAC	TOE
Renal Dialysis Tm	Renal Dialysis Team	OE	ALL	TOE
Risk Assessment	An evaluation of the unit's activities and environment for the purpose of determining the probability of negative outcomes and mitigation measures.	AR	EVAC	TOE
Service Availability	IER Usage Attribute:Required availability of communication means	IER	ALL	TOE
Service Type ID	IER Connectivity Attribute: Primary means of conveying information	IER	ALL	TOE
Soldier RTD	A casualty who is able to return to duty after treatment of his/her wounds or illness.	AR	EVAC	TOE
Special Care Tm	Special Care Team	OE	ALL	TOE
Special Lift Requirements	Special equipment required by the ambulance team to load the casualty onto the evacuation platform or to provide care en route.	AR	EVAC	TOE

Name	Definition	Class	Functional Area	Category
SPO	Support Operations Section	OE	ALL	TOE
Spt MC	Support Medical Company	OE	ALL	TOE
SPT MC GRN AMB TM	Support Medical Company Ground Ambulance Team	OE	ALL	TOE
SPT MNV CO	Supported Maneuvering Company	OE	ALL	TOE
SPT Unit	Supported Unit	OE	ALL	TOE
SQD	Squad	OE	ALL	TOE
SQDN	Squadron	OE	ALL	TOE
Supply Point and Field Service Status Report	This reports depicts where Class VIII supply points, ambulance exchange points and other combat service support points are located.	AR	EVAC	TOE
Supply Requisitions	Requests made to the logistics system for medical supplies, arms and ammunition, food, petroleum, oils and lubricants.	AR	EVAC	TOE
Support Evacuation Elements	Provision of logistical, administrative, security, communication and personnel support for subordinate units.	AC	EVAC	TOE
Supported Unit Situational Understanding	Location and status of friendly forces supported by the assigned medical unit.	AR	EVAC	TOE
Surveillance Det	Surveillance Detachment	OE	ALL	TOE
Synchronized MEDEVAC Plan	A plan, usually an annex to another plan, that integrates all available command guidance and known planning factors.	AR	EVAC	TOE

Name	Definition	Class	Functional Area	Category
Tactical Orders	Orders issued to subordinate units for execution.	AR	EVAC	TOE
Tactical Overlays	A generic name for graphically oriented information that depicts the battlefield situation.	AR	EVAC	TOE
Terrain/Buildings	IER Operational Environment: Indicates whether or not the signal used to transmit the information exhange is required to penetrate terrain and/or buildings?	IER	ALL	TOE
Theater Evacuation Policy	The theater evacuation policy states the maximum number of days (hospitalization and convalescence) a patient may be held in a particular operations zone for treatment prior to onward movement or return to duty.	AR	EVAC	TOE
Threat Updates	Any threats imposed by enemy activities that may adversely impact on the safety of the medical team and patients under their care.	AR	EVAC	TOE
Timeliness ID	Maximum tolerable delay from initiation of information exchange to its receipt by the intended user	IER	ALL	TOE
TPMRC	Theater Patient Movement Requirement Center	OE	ALL	TOE
Training Records	Documentation containing a soldier's training reports, and other information regarding his/her preparedness for performing assigned duties.	AR	EVAC	TOE
Transmit Evacuation Request	Prepare and issue to the appropriate evacuation element a request to pick-up and transport a casualty to the next level of care.	AC	EVAC	TOE
Transport the Patient	To move the casualty to a point capable of an appropriate level of care.	AC	EVAC	TOE
Transported Patient	A casualty who is not expected to return to duty within the time allowed by the current theater evacuation policy.	AR	EVAC	TOE

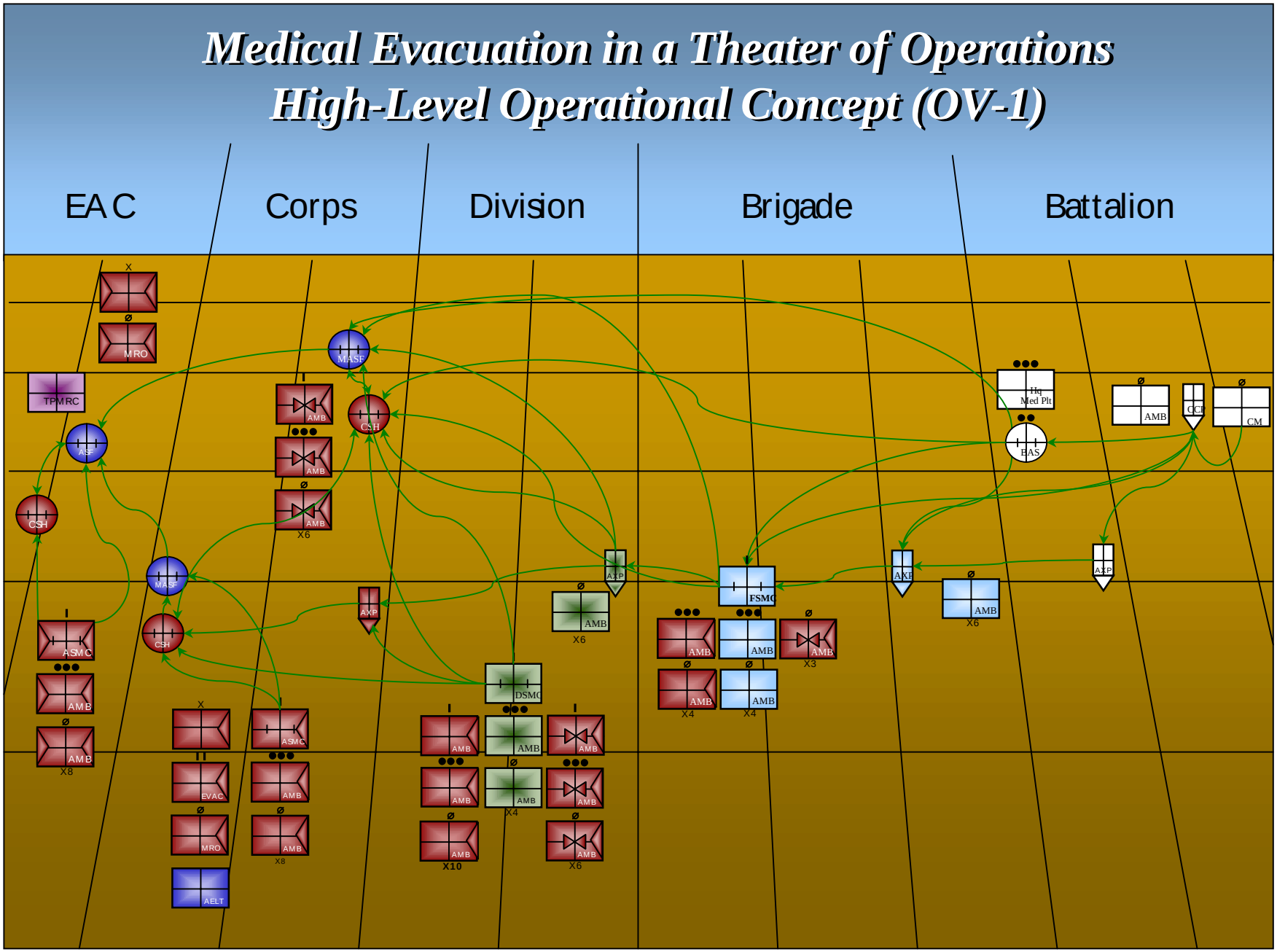
Name	Definition	Class	Functional Area	Category
Treatment Guidance	Relevant medical information from a more trained and experienced clinician to aid in the diagnosis and treatment of a casualty.	AR	EVAC	TOE
TSOP	The Tactical Standard Operating Procedure prescribes policy, guidance and procedures for the routine tactical operations of a specific unit.	AR	EVAC	TOE
UCMJ Coordination	Communication with the staff judge advocate prior to taking action under the Uniform Code of Military Justice.	AR	EVAC	TOE
Unfulfilled Movement Request	A request to the appropriate Patient Movement Requirements Center when the medical regulating officer cannot provide the needed hospitalization.	AR	EVAC	TOE
Unit Maintenance Personnel	Personnel assigned to the unit tasked to perform unit level maintenance on vehicles and equipment.	AR	EVAC	TOE
Unit Physical Security Plan	Plan by which the operational element intends to protect their forces and deny the enemy access to their area.	AR	EVAC	TOE
USAF Flight Schedules	Detailed flight schedules provided by the USAF Aeromedical Evacuation Liaison Team.	AR	EVAC	TOE
VET DET	Veterinary Detachment	OE	ALL	TOE
Weather	IER Operational Environment: Indicates whether or not the signal used to transmit the information exhange is required to penetrate weather (e.g. fog)	IER	ALL	TOE
Weather Updates	Prevailing air and ground weather conditions in the area of operations that may impact on mission execution.	AR	EVAC	TOE

HIGH LEVEL OPERATIONAL CONCEPT (OV-1)

(Graphic and Narrative)

AMEDD-OA-001

Medical Evacuation in a Theater of Operations
High-Level Operational Concept (OV-1)



MEDICAL EVACUATION IN A THEATER OF OPERATIONS HIGH-LEVEL OPERATIONAL CONCEPT NARRATIVE (OV-1)

INTRODUCTION

Medical evacuation is the timely, efficient movement and en route care by medical personnel of wounded, injured or ill persons from the battlefield or other locations to medical treatment facilities (MTFs). This system begins with the initial identification of a casualty and continues through the arrival of the casualty at a point capable of an appropriate level of care.

The medical evacuation system is extremely elaborate to accommodate for the complexities of the battlefield. The AMEDD must be able to provide an integrated medical evacuation system throughout the operational spectrum including the evolving missions of stability and support operations and shore to ship/ship to shore patient evacuation. Evacuation platforms must have the capability to perform in nearly all environmental conditions and in all terrain conditions. Evacuation platforms must be able to integrate information with supporting and supported units as well as with the medical information infrastructure. They must possess the capability to maintain situational awareness while providing mission/patient status on the future, digitized battlefield. Units must provide state of the art en route medical care compatible with the medical structure in the area of operations.

This high-level operational concept diagram (OV-1) depicts the operational elements of a Force XXI medical evacuation system across the theater of operations for the employment phase of operations of a major regional conflict. It encompasses the main activities of medical evacuation, which are clearing the battlefield, command and control of evacuation operational elements, and maintaining the evacuation fleet. Treatment and hospitalization activities are not addressed here except as points in the evacuation system to ensure sufficient emphasis is placed on the information requirements of the latter functional area. Though there are multiple units at each level (e.g. three maneuvering battalions, three maneuvering brigades, five to seven divisions, etc.) with allied combat service support units, the diagram does not depict every operational element associated with these units. Nor does it reflect variations (e.g. heavy versus light divisions) of units. Rather, the diagram represents what will typically occur across the theater of operations for a single casualty. This is represented by the various routes by which a single casualty might be evacuated (green arrows) depending on the point of origin. We have color-coded operational elements for each echelon to assist readers in determining when rear echelon units have been positioned far forward.

This representative approach produces a robust operational architecture that will be the basis for a system architecture that is sufficiently flexible to accommodate doctrinal modifications occurring in the future. It also allows more emphasis to be placed on defining the information exchanges and nature of those exchanges for the representative medical evacuation system improving the accuracy of bandwidth calculations and system solutions.

COMBAT HEALTH SYSTEM EVACUATION CONCEPT

EVACUATION

According the joint doctrine, each Service is responsible for casualty evacuation from point of injury to level I treatment stations and casualty movement from level I to level II via dedicated, designated, or opportune ground or air transportation. Casualty movement within and from level II is normally a Service component responsibility and usually occurs along established routes of evacuation. The Air Force is responsible for inter-theater patient movement from level III.

The decision to evacuate casualties is based on the evacuation policy in force for the theater of operations. The evacuation policy is the time in which a casualty will return to duty or be evacuated. This is an important factor in the operational concept. A very short evacuation policy may require the movement of a casualty very rapidly from forward echelons to the rear, perhaps skipping several levels. Normally the theater evacuation policy is 7 days in the combat zone and a combined 15 days for the combat and communications zone. Patients not expected to return to duty within that number of days would normally be evacuated. The evacuation policy is greatly impacted on the geographical location of the theater. In some operations, casualties may be evacuated from level I directly to the communication zone or CONUS. The AMEDD medical evacuation system is flexible enough to readily handle these situations.

BRIGADE COMBAT TEAM (BCT)

In accordance with the emerging brigade combat team (BCT) concept - medical evacuation during the initial 96-hour BCT deployment will be by organic ground evacuation assets within the Area of Operations (AO); there will be no Corps-level air medical evacuation deployed during the initial 96-hour BCT deployment package. The maneuver units will have armored evacuation vehicles (initial armored vehicles (IAVs); all other evacuation vehicles will use HMMWV-based platforms. During the initial 96-hour deployment package of the BCT, there will be no medical regulating. Level II MTFs will communicate with the area command surgeon or possibly ARFOR Surgeon that will in-turn coordinate with level III facilities if available (NATO/Allied, host nation hospital, navy hospital ship within range of the operation, etc.). for evacuation. Medical evacuation will consist of the movement of casualties from the point of injury to higher level of care, NATO/Allied or Host Nation Medical Facilities. Medical evacuation time from the point of injury/illness to the Forward Surgical Team (FST) or Brigade Support Medical Company (BSMC) will be done only by ground ambulance or other organic vehicles and this fact will increase evacuation response time and patient mortality rates. Ground evacuation will be over unsecured main supply routes (MSRs) which will require time to coordinate for an armored escort.

Point of Injury to Battalion Aid Station (BAS)

From the Point of injury to the BAS, patients will be evacuated using organic ground evacuation (armored) assets to the engaged unit and the BAS, IAW the medical annex of the OPORD. Patient data will be collected on the DD1380 and other pertinent medical forms with the assistance of available digital enablers (e.g. Personal Information Carrier (PIC)). All medical documents (hard copy or digital) will travel with the patient as the patient moves from point of injury to the supporting MTF.

Battalion Aid Station (BAS) to BSMC

From the BAS to the BSMC, patients will be evacuated using organic ground evacuation (HMMWV-based platforms) assets to the BSMC, IAW Medical annex of the OPORD. When the situation requires a Forward Surgical Element (FSE), can collocate with the maneuver BAS to stabilize critical patients so they can survive ground evacuation to the BSMC. Patient medical data will continue to travel with the patient.

BSMC and FST to Level III MTF

Patients requiring care which exceeds the existing medical capabilities within area of operations (AO), will be stabilized and prepared for further medical evacuation from the BSMC/FST to the supporting level III MTF/NATO/Host Nation facilities if available. Patient holding time for Echelon II MTF is normally 72 hours for return to duty or medical evacuation if required. This time may be lessened or extended based on mission, enemy, terrain, troops, time available, and civilian considerations (METT-TC) (IAW medical annex of the OPORD) and the availability of supporting evacuation assets. Recovery time for surgical patients must be factored in when requesting evacuation. Patients receiving surgery at the FST will normally require 8 to 12 hours in recovery before they are stabilized for further evacuation. Backhaul evacuation out of the AO may be available from the Aerial Point of Debarkation (APOD) using U.S. Air Force airframes supporting the BCT deployment and resupply missions. Within these strategic airframes, a section of the aircraft is reconfigured to transport patients out of the AO. The brigade surgeon's section (BSS) and combat health support (CHS) cell of the BSB support operations section will coordinate for medical evacuation out of the BSMC. Evacuation request will be initiated from the BSMC patient administration specialist through the BSB combat health liaison (CHL) cell to the BSS. The BSB CHS cell advises the BSS on the availability U.S. Air Force airframes available for backhaul evacuation. After the first 96 hours of brigade operations, the brigade may be augmented with a Corps forward support medical evacuation team (FSMT). When deployed forward to the brigade support area (BSA), the BSMC commander coordinates the ambulance teams' evacuation missions.

BCT, Medical Regulating after the initial 96-hour deployment package

After the initial 96-hour deployment, additional medical capabilities will be phased into the AO, to include an early, entry level III, 44-bed combat support hospital element that provides inpatient hospitalization. With this CHS element will come medical regulating. The Medical Regulating Officer (MRO) of the CHS element will coordinate with the BSS and establish medical regulating from the AO to the

supporting theater or CONUS base. The CHS MRO submits patient movement request (PMR) to the supporting theater (InterTheater MRO) or CONUS based MRO. The inter-theater MRO begins communication with the (Patient Movements Requirements Center) PMRC and the ARFOR Surgeons Office. The PMRC, Mobile Aeromedical Staging Facility (MASF) and the Aeromedical Staging Facility (ASF) are established after the first 96-hour deployment. The Aeromedical Evacuation Liaison Team (AELT) will be replaced once the digital enablers are available and mature, i.e. TRANSCOM Regulating and Command and Control Evacuation System (TRAC2ES). The ARFOR surgeon's office will perform the duties of the AELT with the assistance of the available digital enablers. The ARFOR Surgeon's Office will digitally communicate with the PMRC and the Intra-theater MRO for the regulating of all theater generated Patient Movements Request (PMRs).

MEDICAL REGULATING

Medical regulating is the process that selects (matches) destination Medical Treatment Facilities (MTF) which have the necessary health service support capabilities for patients being medically evacuated in, between, and into and out of the different theaters of the geographic combatant commands and CONUS. Medical regulating is based upon patient precedence and the MTF specialties. Medical regulating includes accounting for bed availability, medical airlift capability, and patient in-transit visibility. Bed availability includes the availability of a physical bed for the patient, and the staff and equipment to support that medical bed capability. The MTFs report the number of beds available to the patient movement system (includes supporting staff and medical resources) by specialty/diagnosis type.

Patient regulating and in-transit visibility usually begins at level III. However, with the deployment of the TRANSCOM Regulating, Command and Control Evacuation System (TRAC2ES) and personal information devices, patient regulating and in-transit visibility may begin as early as level I.

PATIENT MOVEMENT ITEMS (PMI)

The medical equipment and supplies required to support the patient during evacuation are referred to as PMIs. When a casualty requires evacuation, it is the responsibility of the originating MTF or the manager of the associated PMI pool to provide the PMI required to support the patient during evacuation. This PMI accompanies a patient throughout the chain of evacuation from the originating MTF to the destination MTF, whether it is for intra-theater or inter-theater transfer. The DoD has developed a PMI system to prevent the degradation of the missions of originating MTFs due to loss of PMI. The PMI system provides an "exchange in kind" PMI to the MTF at the time of a patient transfer, and a prompt recycling of PMI throughout the patient movement system. This management of critical PMI equipment material is seamless from initial entry to the patient's final destination. The PMI system will deploy with the evacuation system, be managed and supplied with the evacuation system, and collocate with evacuation intra-theater and/or inter-theater interfaces in order to provide initial evacuation operational capability, sustainment of evacuation operations, and minimize equipment turnaround time. The

Defense Medical Logistics Standard Support (DMLSS) system interface will be used to manage PMIs.

IN-TRANSIT VISIBILITY (ITV)

Patient ITV is the ability to locate and track, by name or other unique identifier, an individual patient's status and location within the joint patient movement system. Patient ITV will include identification, last known location, and itinerary (scheduled and actual), from initial reporting for movement to the final destination MTF. Patient ITV information can be made available to authorized agencies.

PATIENT MOVEMENT REQUIREMENTS CENTERS (PMRC)

The PMRCs provide medical regulating services, patient ITV, and evacuation requirements planning for a designated Area of Responsibility (AOR). PMRCs communicate patient movement requirements to the appropriate mobility or operations center.

TPMRCs are joint organizations located within a theater of operations and report to the theater surgeon. Existing TPMRCs are located in EUCOM and PACOM. As increased operational needs arise, other geographic TPMRCs (e.g., US Central Command (USCENTCOM), US Southern Command (USSOUTHCOM), and US Forces Korea (USFK)) could be established. The primary role of the TPMRC is to coordinate theater-wide patient regulation and movement by matching MTF capability reports with patient movement requirements and available lift.

JPMRCs are joint organizations that provide PMRC capability for a Joint Task Force (JTF) surgeon. The JPMRC will perform integrated patient movement tasks for units assigned to the JTF or within the task force's area of responsibility. JPMRCs may coordinate through the supporting TPMRC to request and schedule strategic AE support, or work directly with the Global PMRC located at Scott AFB, IL as required.

AIR FORCE AIR EVACUATION LIAISON TEAM (AELT)

These Air Force units provide a direct communications link and immediate coordination between the user Service with requirements for level III evacuation and the PMRC. AELTs coordinate patient movement requests and subsequent movement activities between the PMRC and the user Service. The AELT serves as a consultant and trainer to the user Service on evacuation requirements and issues. AELTs coordinate with the user Service to ensure timely transfer of patients to staging facilities to meet evacuation departure times from the designated staging facility.

AIR FORCE MOBILE AIR STAGING FACILITIES (MASF)

These units are mobile, tented, temporary staging facilities deployed to provide supportive casualty care and administration. MASFs are located near runways or airfield taxiways on forward operating bases used by theater airlift aircraft. MASFs receive patients designated for evacuation from user Service MTFs and provide supportive medical and/or nursing care to patients awaiting airlift. When Critical Care Air Transport Team (CCATT) personnel are employed in the MASF, stabilized care can be provided.

Finally, MASFs notify PMRC when an evacuation aircraft has departed, and provide status and/or capability reports to the PMRC.

AIR FORCE AIR STAGING FACILITIES (ASF)

These units are generally fixed medical facilities located on or near air bases or airstrips normally designated for inter-theater evacuation. ASFs provide patient reception, administrative processing, ground transportation to and from aircraft, patient feeding, and limited medical care for patients entering, enroute, or leaving the aeromedical evacuation system. When CCAT personnel are employed in the ASF, stabilized care can be provided. Most ASFs are staffed by Aeromedical Staging Squadrons (ASTS), and are now often referred to as ASTSs.

AMEDD OPERATIONAL CONCEPT

LEVEL I AND LEVEL II EVACUATION

The AMEDD positions evacuation assets as far forward as possible and flows casualties to the rear. This doctrine is devised to expedite the clearing of the battlefield and decrease the time it takes for a casualty to receive definitive medical care. This concept is clearly seen in OV-1 by the positioning of medical company organic ambulance assets near pick-up or transfer points. Further, one can see the dispersion of corps-level assets as far forward as the brigade-level.

The medical companies (and the medical platoon at the battalion-level) are responsible for level I and II evacuation within their respective support area. The corps-level evacuation operational elements under the operational control of the Medical Evacuation Battalion are dispersed throughout the theater and augment intra-theater movement of casualties. This highly modular, split-based approach increases the responsiveness of the evacuation system and is readily adaptable to a variety of conditions. However, it greatly increases the amount of and complexity of communications between operational elements.

Casualties are evacuated based on precedence. Assignment of precedence to a casualty is done by the senior military person present with the advice of the senior medical person at the scene. The primary categories are listed in the table below:

Precedence	Maximum time for Movement
1 – Urgent	2 hours
2 – Priority	4 hours
3 – Routine	24 hours
4- Convenience	None

Evacuation begins with the identification and location of the casualty. The Combat Medic will be informed of a casualty and his location either directly by a physiological monitor worn by the soldier or by a distress call from a Combat Lifesaver. If required,

the Combat Medic will evacuate the casualty to a Casualty Collection Point (CCP) very near the point of injury or onset of illness. If the casualty cannot be returned to duty, the Combat Medic will make an air or ground evacuation request to the Battalion Aid Station (BAS) or Ambulance Exchange Point (AXP) based on his/her judgement of the tactical situation and condition of the casualty. The BAS or AXP will either dispatch a ground ambulance team that the Headquarters Medical Platoon will have positioned as far forward as possible without interfering with the maneuver battalion operations, or request the Forward Support Medical Company (FSMC) to dispatch an air ambulance.

Several options exist at this point. If transported by ground ambulance, the casualty will be taken either to the BAS, battalion AXP or brigade AXP depending on the tactical situation and casualty condition. The FSMC will have positioned its organic ground ambulances far forward to transport from these locations to the FSMC. If transported by air ambulance, the casualty may be taken to the BAS or directly to the FSMC. From the FSMC the casualty will be evacuated to a Contingency Support Hospital (CSH) in the combat zone or to an Air Force Mobile Air Staging Facility (MASF) if the patient's condition warrants evacuation to the communications zone. Occasionally, an air ambulance may evacuate a casualty directly from level I to the CSH or MASF at corps-level.

Casualties arising within the area support will be treated at the corresponding medical company, and, if required, evacuated to the CSH or MASF using their organic ground ambulance assets or the co-located corps-level air ambulance assets.

MEDICAL REGULATING OFFICER (MRO)

The MRO functions as the responsible individual at command and control headquarters for receiving and consolidating evacuation requests. These requests are initiated by the division surgeon's section, medical battalions or subordinate hospitals (the Patient Administrator accomplishes the MRO function in a hospital). An MRO manages the patient classes regulated into his facility (if at that level), determines the resources available to move patients and coordinate their use, maintains accountability of patients in the MTFs within the AOR, and coordinates movement with the PRMC and AELT.

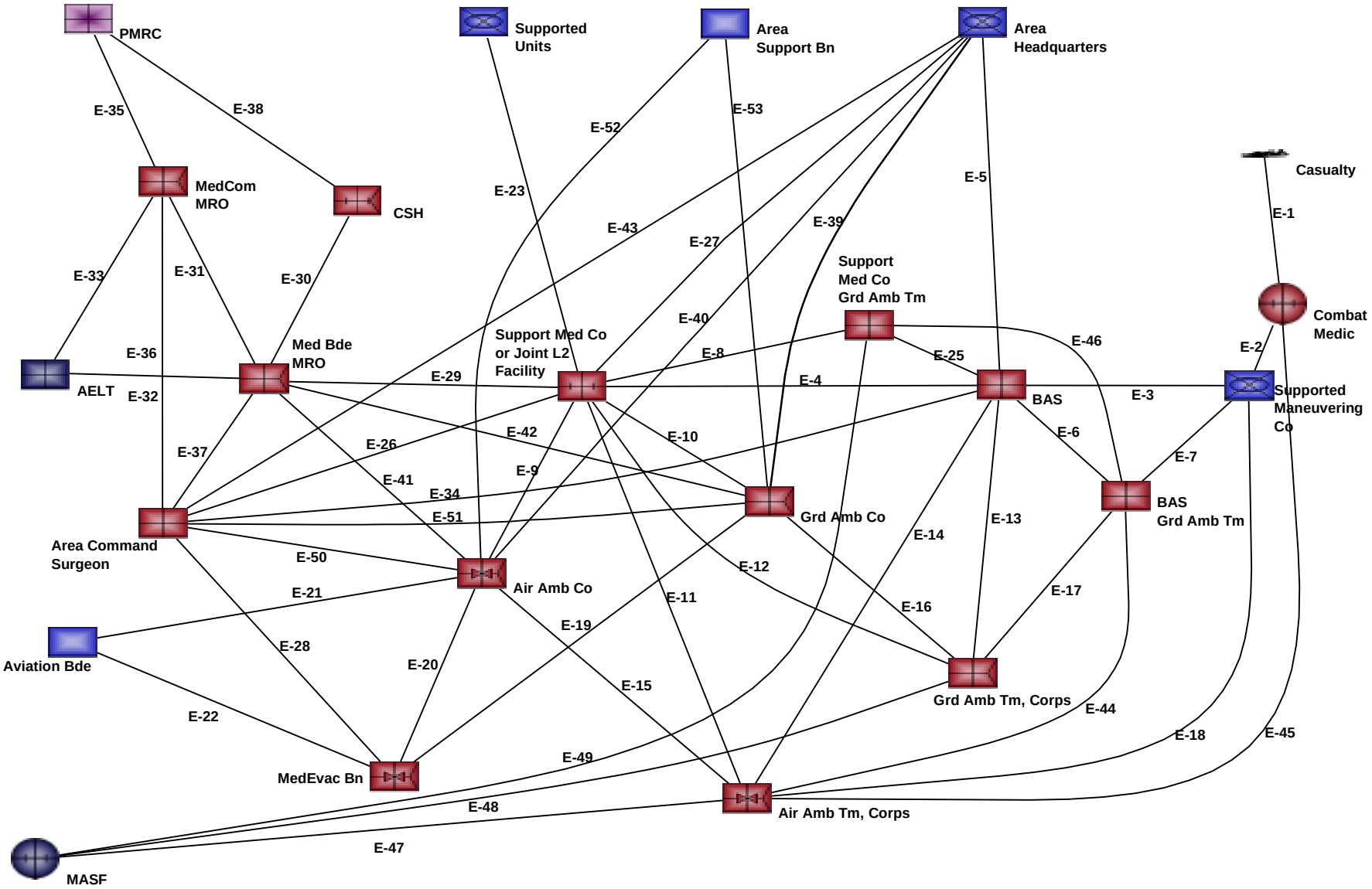
FORWARD SUPPORT MEDEVACUATION TEAM (FSMT)

Normally under the Force XXI concept the FSMT supports the medical company/level II facility. Under the brigade combat team concept the FSMT may be co-located with the aviation element and will receive its digital A2C2 information directly form the relevant A2C2 element via the AMPS.

OPERATIONAL NODE CONNECTIVITY DIAGRAM (OV-2)

AMEDD-OA-001

AMEDD Operational Architecture
Medical Evacuation in a Theater of Operations
Operational Node and Connectivity Description (OV-2)



PUBLICATION

01/10/00

OPERATIONAL INFORMATION EXCHANGE MATRIX (OV-3)

AMEDD-OA-001

AMEDD OA-001

Medical Evacuation in a Theater of Operations
Operational Information Exchange Matrix (OV-3)

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
A2C2 OVERLAY	48	E21	A generic name for graphically oriented information that depicts the airspace situation	Aviation Element	Air Ambulance Company	Assess Mission Requests & Tactical Situation
A2C2 OVERLAY	283	E56	A generic name for graphically oriented information that depicts the airspace situation	Aviation Element	Air Ambulance Team	Assess Mission Requests & Tactical Situation
A2C2 PLAN	49	E21	The Army Airspace Command and Control plan coordinates the efficient employment of airspace users to accomplish the ground commander's mission.	Aviation Element	Air Ambulance Company	Assess Mission Requests & Tactical Situation
A2C2 PLAN	233	E22	The Army Airspace Command and Control plan coordinates the efficient employment of airspace users to accomplish the ground commander's mission.	Aviation Element	Medical Evacuation Battalion	Assess Planning Factors & Mission Drivers
BEDS AVAILABLE	239	E36	Beds available to the patient movement system supporting that particular level of health care	Area Command Surgeon	Inter-theater Medical Regulating Office	Determine Patient Destination
BEDS AVAILABLE	3	E37	Beds available to the patient movement system supporting that particular level of health care	Area Command Surgeon	Intra-theater Medical Regulating Office	Determine Patient Destination
CALL FOR SUPPORT	267	E40	Request for combat support and combat services support	Air Ambulance Company	Area Headquarters	Provide Administrative Support
CALL FOR SUPPORT	89	E39	Request for combat support and combat services support	Ground Ambulance Company	Area Headquarters	Provide Administrative Support
CASUALTY FEEDER REPORT	127	E19	Consolidated reports of unit casualties inflicted by enemy action, injury or illness.	Ground Ambulance Company	Medical Evacuation Battalion	Administer Personnel

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
CASUALTY FEEDER REPORT	262	E20	Consolidated reports of unit casualties inflicted by enemy action, injury or illness.	Air Ambulance Company	Medical Evacuation Battalion	Administer Personnel
CLASS VIII/BLOOD MOVEMENT	128	E10	Resupply of Class VIII supplies and blood to combat units	Support Medical Company	Ground Ambulance Company	Assess Mission Requests & Tactical Situation
CLASS VIII/BLOOD MOVEMENT	231	E9	Resupply of Class VIII supplies and blood to combat units	Support Medical Company	Air Ambulance Company	Assess Mission Requests & Tactical Situation
COMMANDER'S INTENT	8	E40	The tactical commander's plan of employment and scheme of maneuver.	Area Headquarters	Air Ambulance Company	Assess Planning Factors & Mission Drivers
COMMANDER'S INTENT	253	E39	The tactical commander's plan of employment and scheme of maneuver.	Area Headquarters	Ground Ambulance Company	Assess Planning Factors & Mission Drivers
CONFIRMED EVACUATION REQUEST	142	E4	A MER or PMR that has undergone the clinical and operational assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of the appropriate level of care.	Support Medical Company	Battalion Aid Station	Assess Evacuation Request & Clinical Factors
CONFIRMED EVACUATION REQUEST	235	E29	A MER or PMR that has undergone the clinical and operational assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of the appropriate level of care.	Intra-theater Medical Regulating Office	Support Medical Company	Assess Evacuation Request & Clinical Factors
CONFIRMED EVACUATION REQUEST	23	E3	A MER or PMR that has undergone the clinical and operational assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of the appropriate level of care.	Battalion Aid Station	Supported Maneuvering Company	Assess Evacuation Request & Clinical Factors
CONFIRMED EVACUATION REQUEST	240	E30	A MER or PMR that has undergone the clinical and operational assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of the appropriate level of care.	Intra-theater Medical Regulating Office	Combat Support Hospital	Assess Evacuation Request & Clinical Factors

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
CONFIRMED EVACUATION REQUEST	143	E23	A MER or PMR that has undergone the clinical and operational assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of the appropriate level of care.	Support Medical Company	Supported Unit	Assess Evacuation Request & Clinical Factors
CREW REGISTRATION REPORT	24	E5	Report indicating the assignment of personnel to a specific unit reference number and the social security numbers of the personnel operating the system.	Battalion Aid Station	Area Headquarters	Employ Units
DENIED EVACUATION REQUEST	150	E30	A MER or PMR that has been denied due to operational or clinical factors.	Intra-theater Medical Regulating Office	Combat Support Hospital	Assess Evacuation Request & Clinical Factors
DENIED EVACUATION REQUEST	147	E4	A MER or PMR that has been denied due to operational or clinical factors.	Support Medical Company	Battalion Aid Station	Assess Evacuation Request & Clinical Factors
DENIED EVACUATION REQUEST	148	E23	A MER or PMR that has been denied due to operational or clinical factors.	Support Medical Company	Supported Unit	Assess Evacuation Request & Clinical Factors
DENIED EVACUATION REQUEST	26	E3	A MER or PMR that has been denied due to operational or clinical factors.	Battalion Aid Station	Supported Maneuvering Company	Assess Evacuation Request & Clinical Factors
DENIED EVACUATION REQUEST	149	E29	A MER or PMR that has been denied due to operational or clinical factors.	Intra-theater Medical Regulating Office	Support Medical Company	Assess Evacuation Request & Clinical Factors
DISTRESS CALL	27	E1	A request for medical intervention from a manuvering unit.	Casualty	Combat Medic	Find, Evaluate and Collect Casualties
EN ROUTE CLINICAL INFORMATION	199	E47	Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.	Air Ambulance Team, Corps	Medical Air Staging Facility	Provide Enroute Care
EN ROUTE CLINICAL INFORMATION	198	E11	Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.	Air Ambulance Team, Corps	Support Medical Company	Provide Enroute Care

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
EN ROUTE CLINICAL INFORMATION	196	E12	Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.	Ground Ambulance Team, Corps	Support Medical Company	Provide Enroute Care
EN ROUTE CLINICAL INFORMATION	28	E49	Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.	Support Medical Company Ground Ambulance Team	Medical Air Staging Facility	Provide Enroute Care
EN ROUTE CLINICAL INFORMATION	194	E6	Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.	Battalion Aid Station Ground Ambulance Team	Battalion Aid Station	Provide Enroute Care
EN ROUTE CLINICAL INFORMATION	197	E48	Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.	Ground Ambulance Team, Corps	Medical Air Staging Facility	Provide Enroute Care
EN ROUTE CLINICAL INFORMATION	195	E8	Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.	Support Medical Company Ground Ambulance Team	Support Medical Company	Provide Enroute Care
EN ROUTE UNIT INFORMATION	184	E16	Information from a unit in transit to its command function.	Ground Ambulance Team, Corps	Ground Ambulance Company	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	183	E8	Information from a unit in transit to its command function.	Support Medical Company Ground Ambulance Team	Support Medical Company	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	183	E8	Information from a unit in transit to its command function.	Support Medical Company Ground Ambulance Team	Support Medical Company	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	182	E49	Information from a unit in transit to its command function.	Support Medical Company Ground Ambulance Team	Medical Air Staging Facility	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	181	E25	Information from a unit in transit to its command function.	Support Medical Company Ground Ambulance Team	Battalion Aid Station	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	188	E11	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Support Medical Company	Manuever to Point of Transfer or Care

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
EN ROUTE UNIT INFORMATION	187	E15	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Air Ambulance Company	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	193	E7	Information from a unit in transit to its command function.	Battalion Aid Station Ground Ambulance Team	Supported Maneuvering Company	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	189	E47	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Medical Air Staging Facility	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	188	E11	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Support Medical Company	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	181	E25	Information from a unit in transit to its command function.	Support Medical Company Ground Ambulance Team	Battalion Aid Station	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	184	E16	Information from a unit in transit to its command function.	Ground Ambulance Team, Corps	Ground Ambulance Company	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	187	E15	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Air Ambulance Company	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	29	E6	Information from a unit in transit to its command function.	Battalion Aid Station Ground Ambulance Team	Battalion Aid Station	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	180	E46	Information from a unit in transit to its command function.	Support Medical Company Ground Ambulance Team	Battalion Aid Station Ground Ambulance Team	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	175	E13	Information from a unit in transit to its command function.	Ground Ambulance Team, Corps	Battalion Aid Station	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	29	E6	Information from a unit in transit to its command function.	Battalion Aid Station Ground Ambulance Team	Battalion Aid Station	Manuever to Point of Transfer or Care

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
EN ROUTE UNIT INFORMATION	270	E18	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Supported Maneuvering Company	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	176	E14	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Battalion Aid Station	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	177	E17	Information from a unit in transit to its command function.	Ground Ambulance Team, Corps	Battalion Aid Station Ground Ambulance Team	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	175	E13	Information from a unit in transit to its command function.	Ground Ambulance Team, Corps	Battalion Aid Station	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	270	E18	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Supported Maneuvering Company	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	176	E14	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Battalion Aid Station	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	186	E48	Information from a unit in transit to its command function.	Ground Ambulance Team, Corps	Medical Air Staging Facility	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	178	E44	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Battalion Aid Station Ground Ambulance Team	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	178	E44	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Battalion Aid Station Ground Ambulance Team	Manuever to Point of Transfer or Care
EN ROUTE UNIT INFORMATION	179	E45	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Combat Medic	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	179	E45	Information from a unit in transit to its command function.	Air Ambulance Team, Corps	Combat Medic	Manuever to Point of Transfer or Care

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
EN ROUTE UNIT INFORMATION	180	E46	Information from a unit in transit to its command function.	Support Medical Company Ground Ambulance Team	Battalion Aid Station Ground Ambulance Team	Manuever to Casualty Location
EN ROUTE UNIT INFORMATION	177	E17	Information from a unit in transit to its command function.	Ground Ambulance Team, Corps	Battalion Aid Station Ground Ambulance Team	Manuever to Point of Transfer or Care
ETA	153	E23	The estimated time of arrival at designated point of transfer or care	Support Medical Company	Supported Unit	Employ Units
ETA	152	E4	The estimated time of arrival at designated point of transfer or care	Support Medical Company	Battalion Aid Station	Employ Units
ETA	30	E3	The estimated time of arrival at designated point of transfer or care	Battalion Aid Station	Supported Maneuvering Company	Employ Units
EVACUATION CREW READINESS	32	E26	Information on the readiness of ground or air ambulance crews to support a specific mission.	Support Medical Company	Area Command Surgeon	Administer Personnel
EVACUATION CREW READINESS	221	E43	Information on the readiness of ground or air ambulance crews to support a specific mission.	Area Command Surgeon	Area Headquarters	Administer Personnel
EVACUATION CREW READINESS	222	E28	Information on the readiness of ground or air ambulance crews to support a specific mission.	Medical Evacuation Battalion	Area Command Surgeon	Administer Personnel
EVACUATION CREW READINESS	225	E15	Information on the readiness of ground or air ambulance crews to support a specific mission.	Air Ambulance Team, Corps	Air Ambulance Company	Administer Personnel
EVACUATION CREW READINESS	249	E19	Information on the readiness of ground or air ambulance crews to support a specific mission.	Ground Ambulance Company	Medical Evacuation Battalion	Administer Personnel
EVACUATION CREW READINESS	223	E8	Information on the readiness of ground or air ambulance crews to support a specific mission.	Support Medical Company Ground Ambulance Team	Support Medical Company	Administer Personnel

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
EVACUATION CREW READINESS	224	E16	Information on the readiness of ground or air ambulance crews to support a specific mission.	Ground Ambulance Team, Corps	Ground Ambulance Company	Administer Personnel
EVACUATION CREW READINESS	237	E20	Information on the readiness of ground or air ambulance crews to support a specific mission.	Air Ambulance Company	Medical Evacuation Battalion	Administer Personnel
EVACUATION PLATFORM READINESS	226	E43	Information regarding the readiness of ground or air evacuation platforms to support a specific mission	Area Command Surgeon	Area Headquarters	Administer Maintenance Support
EVACUATION PLATFORM READINESS	238	E20	Information regarding the readiness of ground or air evacuation platforms to support a specific mission	Air Ambulance Company	Medical Evacuation Battalion	Administer Maintenance Support
EVACUATION PLATFORM READINESS	228	E8	Information regarding the readiness of ground or air evacuation platforms to support a specific mission	Support Medical Company Ground Ambulance Team	Support Medical Company	Administer Maintenance Support
EVACUATION PLATFORM READINESS	229	E16	Information regarding the readiness of ground or air evacuation platforms to support a specific mission	Ground Ambulance Team, Corps	Ground Ambulance Company	Administer Maintenance Support
EVACUATION PLATFORM READINESS	230	E15	Information regarding the readiness of ground or air evacuation platforms to support a specific mission	Air Ambulance Team, Corps	Air Ambulance Company	Administer Maintenance Support
EVACUATION PLATFORM READINESS	33	E26	Information regarding the readiness of ground or air evacuation platforms to support a specific mission	Support Medical Company	Area Command Surgeon	Administer Maintenance Support
EVACUATION PLATFORM READINESS	227	E28	Information regarding the readiness of ground or air evacuation platforms to support a specific mission	Medical Evacuation Battalion	Area Command Surgeon	Administer Maintenance Support
EVACUATION PLATFORM READINESS	236	E19	Information regarding the readiness of ground or air evacuation platforms to support a specific mission	Ground Ambulance Company	Medical Evacuation Battalion	Administer Maintenance Support
FLIGHT PLAN	285	E56	Information delineating an air crew's plan to execute a mission for the purpose of acquiring the requisite flight clearance from the appropriate A2C2 element.	Air Ambulance Team	Aviation Element	Assess Mission Requests & Tactical Situation

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
FLIGHT PLAN	36	E21	Information delineating an air crew's plan to execute a mission for the purpose of acquiring the requisite flight clearance from the appropriate A2C2 element.	Air Ambulance Company	Aviation Element	Assess Mission Requests & Tactical Situation
INTELLIGENCE REPORTS	40	E19	A description of enemy activity or situation resulting from the collection, evaluation, analysis and interpretation of intelligence information reported by subordinate units.	Ground Ambulance Company	Medical Evacuation Battalion	Protect the Force
INTELLIGENCE REPORTS	264	E20	A description of enemy activity or situation resulting from the collection, evaluation, analysis and interpretation of intelligence information reported by subordinate units.	Air Ambulance Company	Medical Evacuation Battalion	Protect the Force
INTERMEDIATE MAINTENANCE REQUEST	274	E19	Intermediate Maintenance Request	Ground Ambulance Company	Medical Evacuation Battalion	Administer Maintenance Support
INTERMEDIATE MAINTENANCE REQUEST	171	E20	Intermediate Maintenance Request	Air Ambulance Company	Medical Evacuation Battalion	Administer Maintenance Support
INTERMEDIATE MAINTENANCE REQUEST	79	E5	Intermediate Maintenance Request	Battalion Aid Station	Area Headquarters	Administer Maintenance Support
IPB	41	E40	Intelligence preparation of the the battlefield	Area Headquarters	Air Ambulance Company	Assess Planning Factors & Mission Drivers
IPB	256	E39	Intelligence preparation of the the battlefield	Area Headquarters	Ground Ambulance Company	Assess Planning Factors & Mission Drivers
LOGSITREP	266	E40	Logistics situational report	Air Ambulance Company	Area Headquarters	Administer Logistics
LOGSITREP	53	E39	Logistics situational report	Ground Ambulance Company	Area Headquarters	Administer Logistics

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
MAINTENANCE ADVISORIES	212	E16	Reports on the status of work in progress for consolidation in reports to higher headquarters	Ground Ambulance Team, Corps	Ground Ambulance Company	Perform Unit-level Maintenance
MAINTENANCE ADVISORIES	82	E6	Reports on the status of work in progress for consolidation in reports to higher headquarters	Battalion Aid Station Ground Ambulance Team	Battalion Aid Station	Perform Unit-level Maintenance
MAINTENANCE ADVISORIES	82	E6	Reports on the status of work in progress for consolidation in reports to higher headquarters	Battalion Aid Station Ground Ambulance Team	Battalion Aid Station	Perform Contact Maintenance
MAINTENANCE ADVISORIES	129	E8	Reports on the status of work in progress for consolidation in reports to higher headquarters	Support Medical Company Ground Ambulance Team	Support Medical Company	Perform Contact Maintenance
MAINTENANCE ADVISORIES	212	E16	Reports on the status of work in progress for consolidation in reports to higher headquarters	Ground Ambulance Team, Corps	Ground Ambulance Company	Perform Contact Maintenance
MAINTENANCE ADVISORIES	213	E15	Reports on the status of work in progress for consolidation in reports to higher headquarters	Air Ambulance Team, Corps	Air Ambulance Company	Perform Unit-level Maintenance
MAINTENANCE ADVISORIES	213	E15	Reports on the status of work in progress for consolidation in reports to higher headquarters	Air Ambulance Team, Corps	Air Ambulance Company	Perform Contact Maintenance
MAINTENANCE ADVISORIES	129	E8	Reports on the status of work in progress for consolidation in reports to higher headquarters	Support Medical Company Ground Ambulance Team	Support Medical Company	Perform Unit-level Maintenance
MAINTENANCE REQUEST	207	E16	Request for correction of malfunction, or battle damage repair of equipment used by the unit.	Ground Ambulance Team, Corps	Ground Ambulance Company	Prepare for Next Mission
MAINTENANCE REQUEST	42	E6	Request for correction of malfunction, or battle damage repair of equipment used by the unit.	Battalion Aid Station Ground Ambulance Team	Battalion Aid Station	Prepare for Next Mission
MAINTENANCE REQUEST	206	E8	Request for correction of malfunction, or battle damage repair of equipment used by the unit.	Support Medical Company Ground Ambulance Team	Support Medical Company	Prepare for Next Mission

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
MAINTENANCE REQUEST	208	E15	Request for correction of malfunction, or battle damage repair of equipment used by the unit.	Air Ambulance Team, Corps	Air Ambulance Company	Prepare for Next Mission
MAINTENANCE SCHEDULES	210	E16	Schedules for routine preventive maintenance checks and the routine repair or replacement of components, or the repair of battle damaged equipment.	Ground Ambulance Company	Ground Ambulance Team, Corps	Administer Maintenance Support
MAINTENANCE SCHEDULES	211	E15	Schedules for routine preventive maintenance checks and the routine repair or replacement of components, or the repair of battle damaged equipment.	Air Ambulance Company	Air Ambulance Team, Corps	Administer Maintenance Support
MAINTENANCE SCHEDULES	209	E8	Schedules for routine preventive maintenance checks and the routine repair or replacement of components, or the repair of battle damaged equipment.	Support Medical Company	Support Medical Company Ground Ambulance Team	Administer Maintenance Support
MAINTENANCE SCHEDULES	83	E6	Schedules for routine preventive maintenance checks and the routine repair or replacement of components, or the repair of battle damaged equipment.	Battalion Aid Station	Battalion Aid Station Ground Ambulance Team	Administer Maintenance Support
MEDEVAC MISSION REQUEST	141	E42	A request made to a medical evacuation operational element for the purpose of transporting a patient from one point to another made.	Intra-theater Medical Regulating Office	Ground Ambulance Company	Assess Mission Requests & Tactical Situation
MEDEVAC MISSION REQUEST	43	E10	A request made to a medical evacuation operational element for the purpose of transporting a patient from one point to another made.	Support Medical Company	Ground Ambulance Company	Assess Mission Requests & Tactical Situation
MEDEVAC MISSION REQUEST	139	E9	A request made to a medical evacuation operational element for the purpose of transporting a patient from one point to another made.	Support Medical Company	Air Ambulance Company	Assess Mission Requests & Tactical Situation
MEDEVAC MISSION REQUEST	140	E41	A request made to a medical evacuation operational element for the purpose of transporting a patient from one point to another made.	Intra-theater Medical Regulating Office	Air Ambulance Company	Assess Mission Requests & Tactical Situation
MEDEVAC REQUEST	144	E4	A request to the patient movement system to transport the patient to a more appropriate point of care.	Battalion Aid Station	Support Medical Company	Transmit Evacuation Request
MEDEVAC REQUEST	146	E23	A request to the patient movement system to transport the patient to a more appropriate point of care.	Supported Unit	Support Medical Company	Transmit Evacuation Request

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
MEDEVAC REQUEST	126	E45	A request to the patient movement system to transport the patient to a more appropriate point of care.	Combat Medic	Air Ambulance Team, Corps	Transmit Evacuation Request
MEDEVAC REQUEST	125	E3	A request to the patient movement system to transport the patient to a more appropriate point of care.	Supported Maneuvering Company	Battalion Aid Station	Transmit Evacuation Request
MEDEVAC REQUEST	1	E2	A request to the patient movement system to transport the patient to a more appropriate point of care.	Combat Medic	Supported Maneuvering Company	Transmit Evacuation Request
MEDEVAC REQUEST	145	E26	A request to the patient movement system to transport the patient to a more appropriate point of care.	Support Medical Company	Area Command Surgeon	Transmit Evacuation Request
MEDEVAC SUPPORT REQUIREMENTS	44	E34	A request for additional evacuation assets to meet the assigned mission	Battalion Aid Station	Area Command Surgeon	Assess Mission Requests & Tactical Situation
MEDEVAC SUPPORT REQUIREMENTS	215	E26	A request for additional evacuation assets to meet the assigned mission	Support Medical Company	Area Command Surgeon	Assess Mission Requests & Tactical Situation
MEDEVAC SUPPORT REQUIREMENTS	216	E28	A request for additional evacuation assets to meet the assigned mission	Area Command Surgeon	Medical Evacuation Battalion	Assess Mission Requests & Tactical Situation
MEDEVAC SUPPORT REQUIREMENTS	217	E19	A request for additional evacuation assets to meet the assigned mission	Ground Ambulance Company	Medical Evacuation Battalion	Assess Mission Requests & Tactical Situation
MEDEVAC SUPPORT REQUIREMENTS	218	E20	A request for additional evacuation assets to meet the assigned mission	Air Ambulance Company	Medical Evacuation Battalion	Assess Mission Requests & Tactical Situation
MEDICAL KNOWLEDGE	190	E12	Situationally relevant medical information required by medical personnel in the delivery of health care to a patient. This may be provided either in the form of medical references, protocols, guidelines or communication with or mentoring by qualified clinicians.	Support Medical Company	Ground Ambulance Team, Corps	Provide Enroute Care

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
MEDICAL KNOWLEDGE	192	E11	Situationally relevant medical information required by medical personnel in the delivery of health care to a patient. This may be provided either in the form of medical references, protocols, guidelines or communication with or mentoring by qualified clinicians.	Support Medical Company	Air Ambulance Team, Corps	Provide Enroute Care
MEDICAL KNOWLEDGE	47	E6	Situationally relevant medical information required by medical personnel in the delivery of health care to a patient. This may be provided either in the form of medical references, protocols, guidelines or communication with or mentoring by qualified clinicians.	Battalion Aid Station	Battalion Aid Station Ground Ambulance Team	Provide Enroute Care
MEDLOGSITREP	268	E50	Medical Logistics Situation Report: This information reports the status of selected Class VIII materiel to medical logistic planners and executors to ensure sufficient medical resources are on hand to accomplish the commander's intent.	Air Ambulance Company	Area Command Surgeon	Administer Logistics
MEDLOGSITREP	55	E51	Medical Logistics Situation Report: This information reports the status of selected Class VIII materiel to medical logistic planners and executors to ensure sufficient medical resources are on hand to accomplish the commander's intent.	Ground Ambulance Company	Area Command Surgeon	Administer Logistics
MEDSITREP	259	E52	Medical Situation Report: This informs medical planners and executors of the current operational status of the assets assigned to the operational element.	Air Ambulance Company	Area Support Battalion	Provide Administrative Support
MEDSITREP	56	E19	Medical Situation Report: This informs medical planners and executors of the current operational status of the assets assigned to the operational element.	Ground Ambulance Company	Medical Evacuation Battalion	Provide Administrative Support
MEDSITREP	257	E20	Medical Situation Report: This informs medical planners and executors of the current operational status of the assets assigned to the operational element.	Air Ambulance Company	Medical Evacuation Battalion	Provide Administrative Support

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
MEDSITREP	258	E53	Medical Situation Report: This informs medical planners and executors of the current operational status of the assets assigned to the operational element.	Ground Ambulance Company	Area Support Battalion	Provide Administrative Support
MILEAGE LOGS	84	E5	Mileage logs track the miles traveled by vehicles assigned to the unit.	Battalion Aid Station	Area Headquarters	Employ Units
MISSION ADVISORIES	169	E9	Reports on the status of mission execution and changes in the tactical situation as the mission progresses.	Air Ambulance Company	Support Medical Company	Monitor Mission Execution
MISSION ADVISORIES	57	E5	Reports on the status of mission execution and changes in the tactical situation as the mission progresses.	Battalion Aid Station	Area Headquarters	Monitor Mission Execution
MISSION ADVISORIES	214	E34	Reports on the status of mission execution and changes in the tactical situation as the mission progresses.	Battalion Aid Station	Area Command Surgeon	Monitor Mission Execution
MISSION ADVISORIES	168	E10	Reports on the status of mission execution and changes in the tactical situation as the mission progresses.	Ground Ambulance Company	Support Medical Company	Monitor Mission Execution
MISSION BACK BRIEF	200	E8	Regularly scheduled meeting and reports used to monitor the effectiveness and efficiency of operations, unusual occurrences and unit readiness.	Support Medical Company Ground Ambulance Team	Support Medical Company	Prepare for Next Mission
MISSION BACK BRIEF	132	E6	Regularly scheduled meeting and reports used to monitor the effectiveness and efficiency of operations, unusual occurrences and unit readiness.	Battalion Aid Station Ground Ambulance Team	Battalion Aid Station	Prepare for Next Mission
MISSION BACK BRIEF	201	E16	Regularly scheduled meeting and reports used to monitor the effectiveness and efficiency of operations, unusual occurrences and unit readiness.	Ground Ambulance Team, Corps	Ground Ambulance Company	Prepare for Next Mission
MISSION BACK BRIEF	202	E15	Regularly scheduled meeting and reports used to monitor the effectiveness and efficiency of operations, unusual occurrences and unit readiness.	Air Ambulance Team, Corps	Air Ambulance Company	Prepare for Next Mission

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
MISSION TASKING	173	E16	A mission plan specifically assigned to a unit for execution	Ground Ambulance Company	Ground Ambulance Team, Corps	Employ Units
MISSION TASKING	172	E8	A mission plan specifically assigned to a unit for execution	Support Medical Company	Support Medical Company Ground Ambulance Team	Employ Units
MISSION TASKING	174	E15	A mission plan specifically assigned to a unit for execution	Air Ambulance Company	Air Ambulance Team, Corps	Employ Units
MISSION TASKING	59	E6	A mission plan specifically assigned to a unit for execution	Battalion Aid Station	Battalion Aid Station Ground Ambulance Team	Employ Units
NBC REPORT	60	E19	Nuclear, Biological, Chemical Report: Provide higher command notification of NBC activity.	Ground Ambulance Company	Medical Evacuation Battalion	Protect the Force
NBC REPORT	263	E20	Nuclear, Biological, Chemical Report: Provide higher command notification of NBC activity.	Air Ambulance Company	Medical Evacuation Battalion	Protect the Force
OPLAN/OPORD	63	E40	The Operational Plan covers a single military operation or a series of connected operations to be carried out simultaneously or successively. The Operational Order puts the OPLAN in effect.	Area Headquarters	Air Ambulance Company	Assess Planning Factors & Mission Drivers
OPLAN/OPORD	254	E39	The Operational Plan covers a single military operation or a series of connected operations to be carried out simultaneously or successively. The Operational Order puts the OPLAN in effect.	Area Headquarters	Ground Ambulance Company	Assess Planning Factors & Mission Drivers
OR CAPABILITY	133	E37	Information on the operating room capabilities available to the patient movement system supporting that particular level of health care.	Area Command Surgeon	Intra-theater Medical Regulating Office	Determine Patient Destination
OR CAPABILITY	151	E36	Information on the operating room capabilities available to the patient movement system supporting that particular level of health care.	Area Command Surgeon	Inter-theater Medical Regulating Office	Determine Patient Destination

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
PATIENT MOVEMENT REQUEST	252	E35	A request from an MTF to the patient movement system to move the patient to an MTF capable of providing the requisite care or to return the patient to duty.	Inter-theater Medical Regulating Office	Patient Movement Requirements Center	Determine Patient Destination
PATIENT MOVEMENT REQUEST	251	E31	A request from an MTF to the patient movement system to move the patient to an MTF capable of providing the requisite care or to return the patient to duty.	Inter-theater Medical Regulating Office	Intra-theater Medical Regulating Office	Determine Patient Destination
PATIENT MOVEMENT REQUEST	65	E29	A request from an MTF to the patient movement system to move the patient to an MTF capable of providing the requisite care or to return the patient to duty.	Support Medical Company	Intra-theater Medical Regulating Office	Transmit Evacuation Request
PATIENT MOVEMENT REQUEST	250	E30	A request from an MTF to the patient movement system to move the patient to an MTF capable of providing the requisite care or to return the patient to duty.	Combat Support Hospital	Intra-theater Medical Regulating Office	Transmit Evacuation Request
PATIENT TRANSFER NOTIFICATION	242	E33	Notification of both the requesting and receiving unit of the transfer of a patient.	Inter-theater Medical Regulating Office	Air Evacuation Liaison Team	Determine Patient Destination
PATIENT TRANSFER NOTIFICATION	241	E30	Notification of both the requesting and receiving unit of the transfer of a patient.	Intra-theater Medical Regulating Office	Combat Support Hospital	Determine Patient Destination
PATIENT TRANSFER NOTIFICATION	135	E32	Notification of both the requesting and receiving unit of the transfer of a patient.	Intra-theater Medical Regulating Office	Air Evacuation Liaison Team	Determine Patient Destination
PATIENT TRANSFER NOTIFICATION	275	E54	Notification of both the requesting and receiving unit of the transfer of a patient.	Area Command Surgeon	Air Evacuation Liaison Team	Determine Patient Destination
PATIENT TRANSFER NOTIFICATION	278	E55	Notification of both the requesting and receiving unit of the transfer of a patient.	Area Command Surgeon	Combat Support Hospital	Determine Patient Destination
PATIENT TRANSFER NOTIFICATION	245	E31	Notification of both the requesting and receiving unit of the transfer of a patient.	Intra-theater Medical Regulating Office	Inter-theater Medical Regulating Office	Determine Patient Destination

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
PATIENT TRANSFER NOTIFICATION	286	E26	Notification of both the requesting and receiving unit of the transfer of a patient.	Area Command Surgeon	Support Medical Company	Determine Patient Destination
PATIENT TRANSFER NOTIFICATION	246	E29	Notification of both the requesting and receiving unit of the transfer of a patient.	Intra-theater Medical Regulating Office	Support Medical Company	Determine Patient Destination
PATIENT TRANSFER NOTIFICATION	245	E31	Notification of both the requesting and receiving unit of the transfer of a patient.	Intra-theater Medical Regulating Office	Inter-theater Medical Regulating Office	Coordinate Transportation
PATIENT TRANSFER NOTIFICATION	244	E38	Notification of both the requesting and receiving unit of the transfer of a patient.	Patient Movement Requirements Center	Combat Support Hospital	Coordinate Transportation
PATIENT TRANSFER NOTIFICATION	244	E38	Notification of both the requesting and receiving unit of the transfer of a patient.	Patient Movement Requirements Center	Combat Support Hospital	Determine Patient Destination
PATIENT TRANSFER NOTIFICATION	243	E35	Notification of both the requesting and receiving unit of the transfer of a patient.	Patient Movement Requirements Center	Inter-theater Medical Regulating Office	Coordinate Transportation
PATIENT TRANSFER NOTIFICATION	243	E35	Notification of both the requesting and receiving unit of the transfer of a patient.	Patient Movement Requirements Center	Inter-theater Medical Regulating Office	Determine Patient Destination
PERSITREP	66	E19	Personnel Situation Report: This information reports the changes in a unit's personnel duty status to personnel planners and executors to ensure sufficient personnel are on hand to accomplish the commander's intent.	Ground Ambulance Company	Medical Evacuation Battalion	Administer Personnel
PERSITREP	261	E52	Personnel Situation Report: This information reports the changes in a unit's personnel duty status to personnel planners and executors to ensure sufficient personnel are on hand to accomplish the commander's intent.	Air Ambulance Company	Area Support Battalion	Administer Personnel

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
PERSITREP	260	E20	Personnel Situation Report: This information reports the changes in a unit's personnel duty status to personnel planners and executors to ensure sufficient personnel are on hand to accomplish the commander's intent.	Air Ambulance Company	Medical Evacuation Battalion	Administer Personnel
PLANNED BED LAYDOWN	248	E36	Planned location of hospital units obtained from the Synchronized MEDEVAC and CHS Plan.	Area Command Surgeon	Inter-theater Medical Regulating Office	Determine Patient Destination
PLANNED BED LAYDOWN	73	E37	Planned location of hospital units obtained from the Synchronized MEDEVAC and CHS Plan.	Area Command Surgeon	Intra-theater Medical Regulating Office	Determine Patient Destination
RE-SUPPLY REQUESTS	136	E6	Replenishment of medical equipment sets, expendable Class VIII supplies and other supply classes.	Battalion Aid Station Ground Ambulance Team	Battalion Aid Station	Prepare for Next Mission
RE-SUPPLY REQUESTS	203	E8	Replenishment of medical equipment sets, expendable Class VIII supplies and other supply classes.	Support Medical Company Ground Ambulance Team	Support Medical Company	Prepare for Next Mission
RE-SUPPLY REQUESTS	204	E16	Replenishment of medical equipment sets, expendable Class VIII supplies and other supply classes.	Ground Ambulance Team, Corps	Ground Ambulance Company	Prepare for Next Mission
RE-SUPPLY REQUESTS	205	E15	Replenishment of medical equipment sets, expendable Class VIII supplies and other supply classes.	Air Ambulance Team, Corps	Air Ambulance Company	Prepare for Next Mission
RISK ASSESSMENT	137	E21	An evaluation of the unit's activities and environment for the purpose of determining the probability of negative outcomes and mitigation measures.	Air Ambulance Company	Aviation Element	Assess Mission Requests & Tactical Situation
SUPPORTED UNIT SITUATIONAL UNDERSTANDING	157	E39	Location and status of friendly forces supported by the assigned medical unit	Area Headquarters	Ground Ambulance Company	Assess Mission Requests & Tactical Situation
SUPPORTED UNIT SITUATIONAL UNDERSTANDING	154	E27	Location and status of friendly forces supported by the assigned medical unit	Area Headquarters	Support Medical Company	Assess Mission Requests & Tactical Situation

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
SUPPORTED UNIT SITUATIONAL UNDERSTANDING	155	E39	Location and status of friendly forces supported by the assigned medical unit	Area Headquarters	Ground Ambulance Company	Assess Mission Requests & Tactical Situation
SUPPORTED UNIT SITUATIONAL UNDERSTANDING	156	E40	Location and status of friendly forces supported by the assigned medical unit	Area Headquarters	Air Ambulance Company	Assess Mission Requests & Tactical Situation
SUPPORTED UNIT SITUATIONAL UNDERSTANDING	105	E5	Location and status of friendly forces supported by the assigned medical unit	Area Headquarters	Battalion Aid Station	Assess Mission Requests & Tactical Situation
SYNCHRONIZED MEDEVAC PLAN	220	E20	A plan, usually an annex to another plan, that integrates all available command guidance and known planning factors.	Medical Evacuation Battalion	Air Ambulance Company	Assess Planning Factors & Mission Drivers
SYNCHRONIZED MEDEVAC PLAN	106	E34	A plan, usually an annex to another plan, that integrates all available command guidance and known planning factors.	Area Command Surgeon	Battalion Aid Station	Assess Mission Requests & Tactical Situation
SYNCHRONIZED MEDEVAC PLAN	219	E28	A plan, usually an annex to another plan, that integrates all available command guidance and known planning factors.	Medical Evacuation Battalion	Area Command Surgeon	Assess Planning Factors & Mission Drivers
TACTICAL ORDERS	265	E20	Orders issued to subordinate units for execution	Medical Evacuation Battalion	Air Ambulance Company	Assess Planning Factors & Mission Drivers
TACTICAL ORDERS	107	E19	Orders issued to subordinate units for execution	Medical Evacuation Battalion	Ground Ambulance Company	Assess Planning Factors & Mission Drivers
TACTICAL OVERLAYS	161	E40	A generic name for graphically oriented information that depicts the battlefield situation	Area Headquarters	Air Ambulance Company	Assess Mission Requests & Tactical Situation
TACTICAL OVERLAYS	160	E39	A generic name for graphically oriented information that depicts the battlefield situation	Area Headquarters	Ground Ambulance Company	Assess Mission Requests & Tactical Situation
TACTICAL OVERLAYS	108	E5	A generic name for graphically oriented information that depicts the battlefield situation	Area Headquarters	Battalion Aid Station	Assess Mission Requests & Tactical Situation

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
TACTICAL OVERLAYS	159	E27	A generic name for graphically oriented information that depicts the battlefield situation	Area Headquarters	Support Medical Company	Assess Mission Requests & Tactical Situation
THREAT UPDATES	164	E27	Any threats imposed by enemy activities that may adversely impact on the safety of the medical team and patients	Area Headquarters	Support Medical Company	Assess Mission Requests & Tactical Situation
THREAT UPDATES	111	E5	Any threats imposed by enemy activities that may adversely impact on the safety of the medical team and patients	Area Headquarters	Battalion Aid Station	Assess Mission Requests & Tactical Situation
THREAT UPDATES	162	E39	Any threats imposed by enemy activities that may adversely impact on the safety of the medical team and patients	Area Headquarters	Ground Ambulance Company	Assess Mission Requests & Tactical Situation
THREAT UPDATES	163	E21	Any threats imposed by enemy activities that may adversely impact on the safety of the medical team and patients	Aviation Element	Air Ambulance Company	Assess Mission Requests & Tactical Situation
USAF FLIGHT SCHEDULES	277	E54	Detailed flight schedules provided by the USAF Aeromedical Evacuation Liaison Team	Air Evacuation Liaison Team	Area Command Surgeon	Coordinate Transportation
USAF FLIGHT SCHEDULES	247	E33	Detailed flight schedules provided by the USAF Aeromedical Evacuation Liaison Team	Air Evacuation Liaison Team	Inter-theater Medical Regulating Office	Coordinate Transportation
USAF FLIGHT SCHEDULES	120	E32	Detailed flight schedules provided by the USAF Aeromedical Evacuation Liaison Team	Air Evacuation Liaison Team	Intra-theater Medical Regulating Office	Coordinate Transportation
USAF FLIGHT SCHEDULES	279	E26	Detailed flight schedules provided by the USAF Aeromedical Evacuation Liaison Team	Area Command Surgeon	Support Medical Company	Coordinate Transportation
WEATHER UPDATES	167	E21	Prevailing air and ground weather conditions in the areas of operations that may impact on mission execution	Aviation Element	Air Ambulance Company	Assess Mission Requests & Tactical Situation
WEATHER UPDATES	166	E39	Prevailing air and ground weather conditions in the areas of operations that may impact on mission execution	Area Headquarters	Ground Ambulance Company	Assess Mission Requests & Tactical Situation

Name	IER ID	Link ID	Description	IER Sender	IER Receiver	Task
WEATHER UPDATES	121	E5	Prevailing air and ground weather conditions in the areas of operations that may impact on mission execution	Area Headquarters	Battalion Aid Station	Assess Mission Requests & Tactical Situation
WEATHER UPDATES	165	E27	Prevailing air and ground weather conditions in the areas of operations that may impact on mission execution	Area Headquarters	Support Medical Company	Assess Mission Requests & Tactical Situation

COMMAND RELATIONSHIPS DESCRIPTION (OV-4)

AMEDD-OA-001

ARMY MEDICAL DEPARTMENT
Operational Architecture
Command Relationships Description
(OV-4)

✢ EVACUATION

COMMAND RELATIONSHIPS

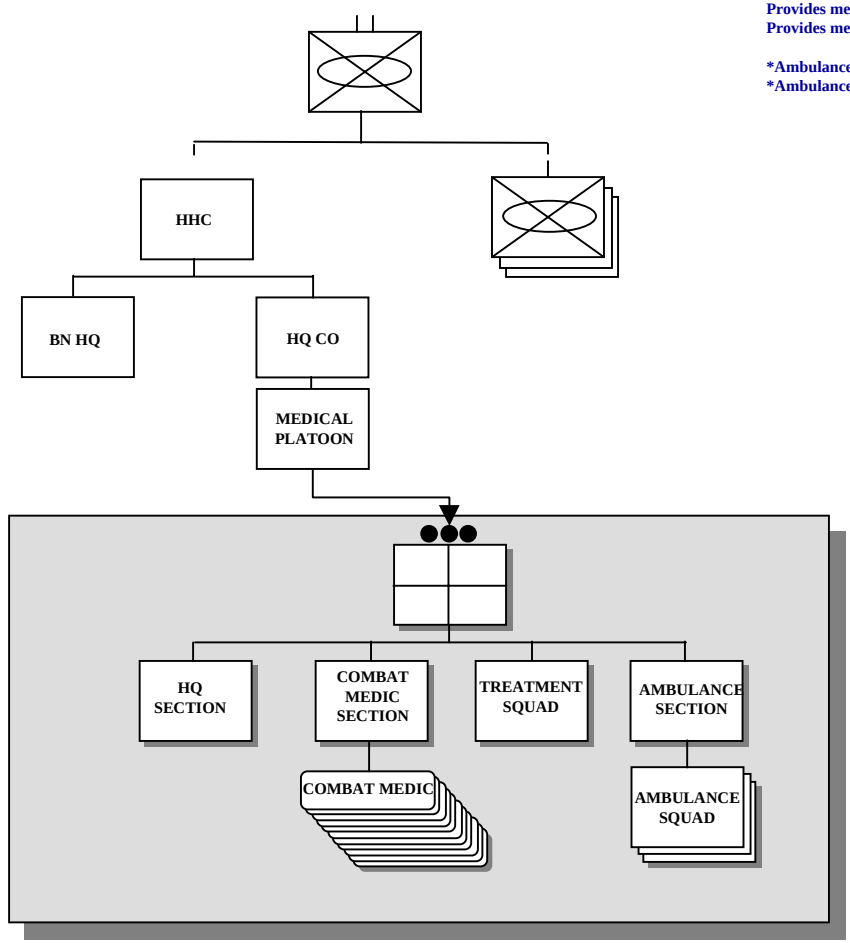
EVACUATION

BATTALION

MEDICAL PLATOON

Organic to the headquarters and headquarters company of the maneuver battalion.
Provides medical evacuation support for the unit.
Provides medical evacuation support for other CS elements operating in sector.

***Ambulance squads are collocated with the battalion aid station.**
***Ambulance teams are positioned forward with maneuver elements.**



COMMAND RELATIONSHIPS

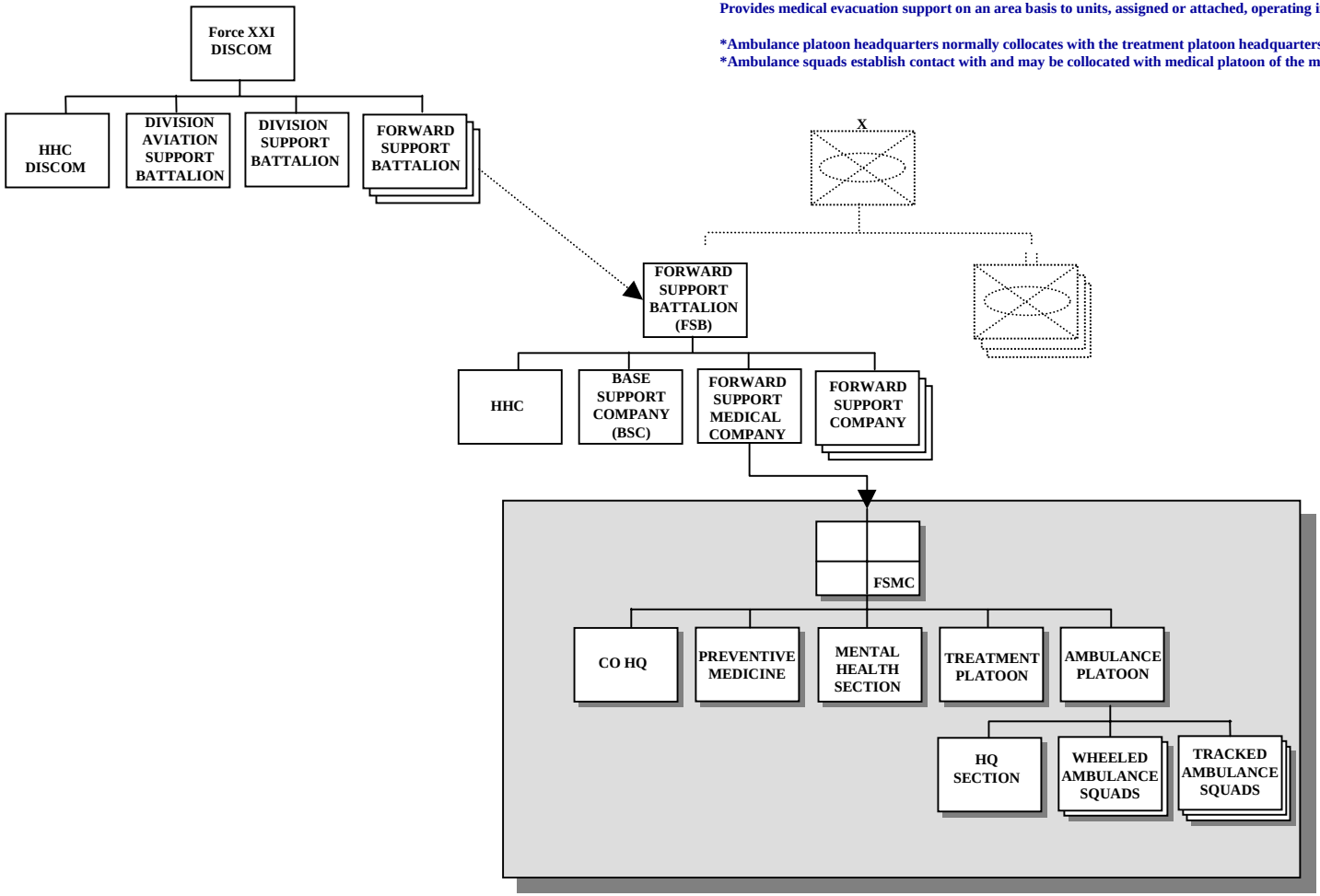
EVACUATION

BRIGADE

FORWARD SUPPORT MEDICAL COMPANY

Organic to the Forward Support Battalion, Division Support Command (SRC 63115F100 & 63115F200).
Provides medical evacuation support within the brigade area, to treatment facilities by ground ambulance.
Provides medical evacuation support on an area basis to units, assigned or attached, operating in the brigade area.

***Ambulance platoon headquarters normally collocates with the treatment platoon headquarters for mutual support.**
***Ambulance squads establish contact with and may be collocated with medical platoon of the maneuver battalion.**



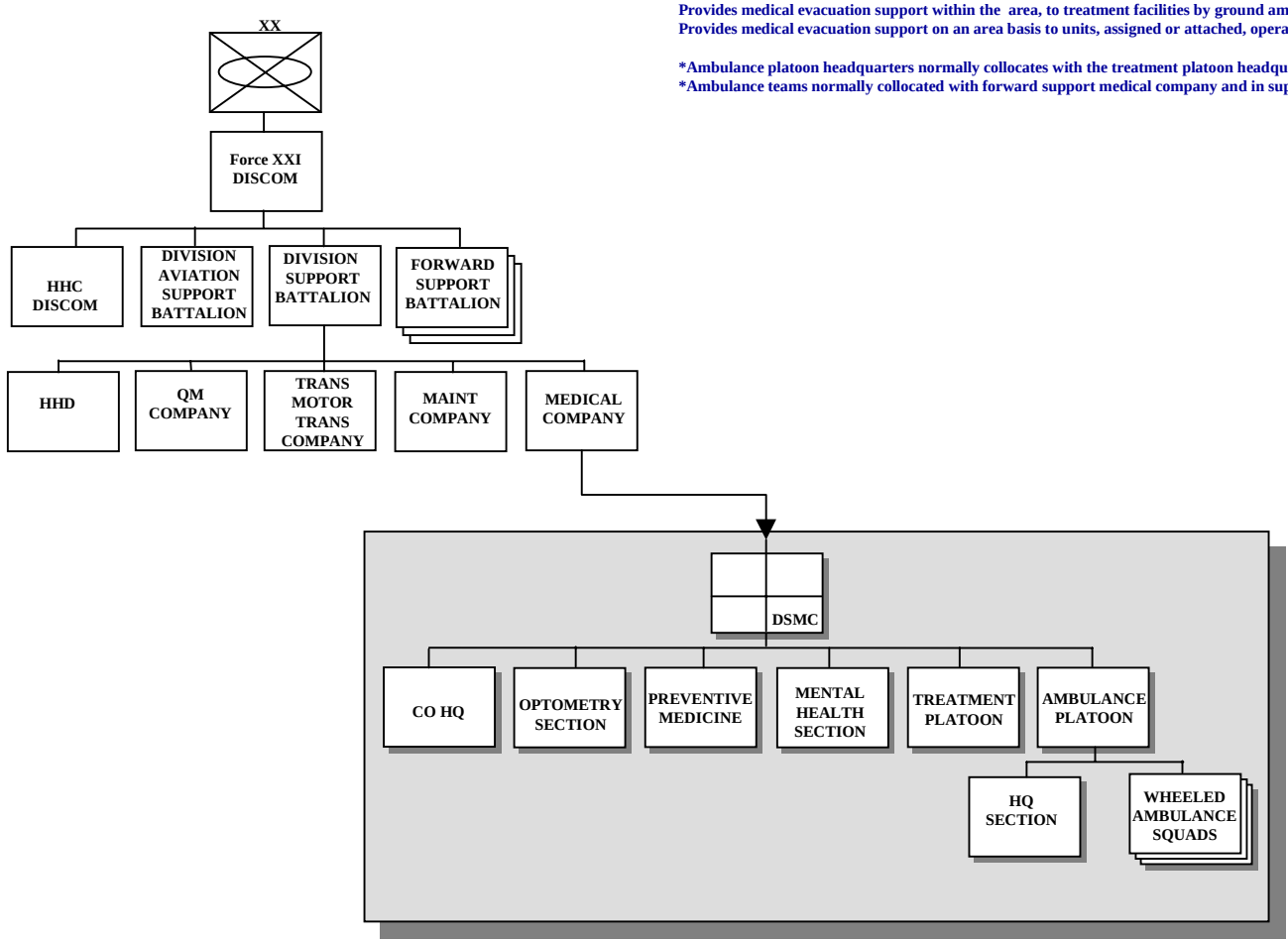
COMMAND RELATIONSHIPS

EVACUATION DIVISION

DIVISION SUPPORT MEDICAL COMPANY

Organic to the Division Support Battalion, Division Support Command (SRC 63115F100 & 63115F200).
Provides medical evacuation support within the area, to treatment facilities by ground ambulance.
Provides medical evacuation support on an area basis to units, assigned or attached, operating in the division area.

*Ambulance platoon headquarters normally collocates with the treatment platoon headquarters for mutual support.
*Ambulance teams normally collocated with forward support medical company and in support of units in division area.



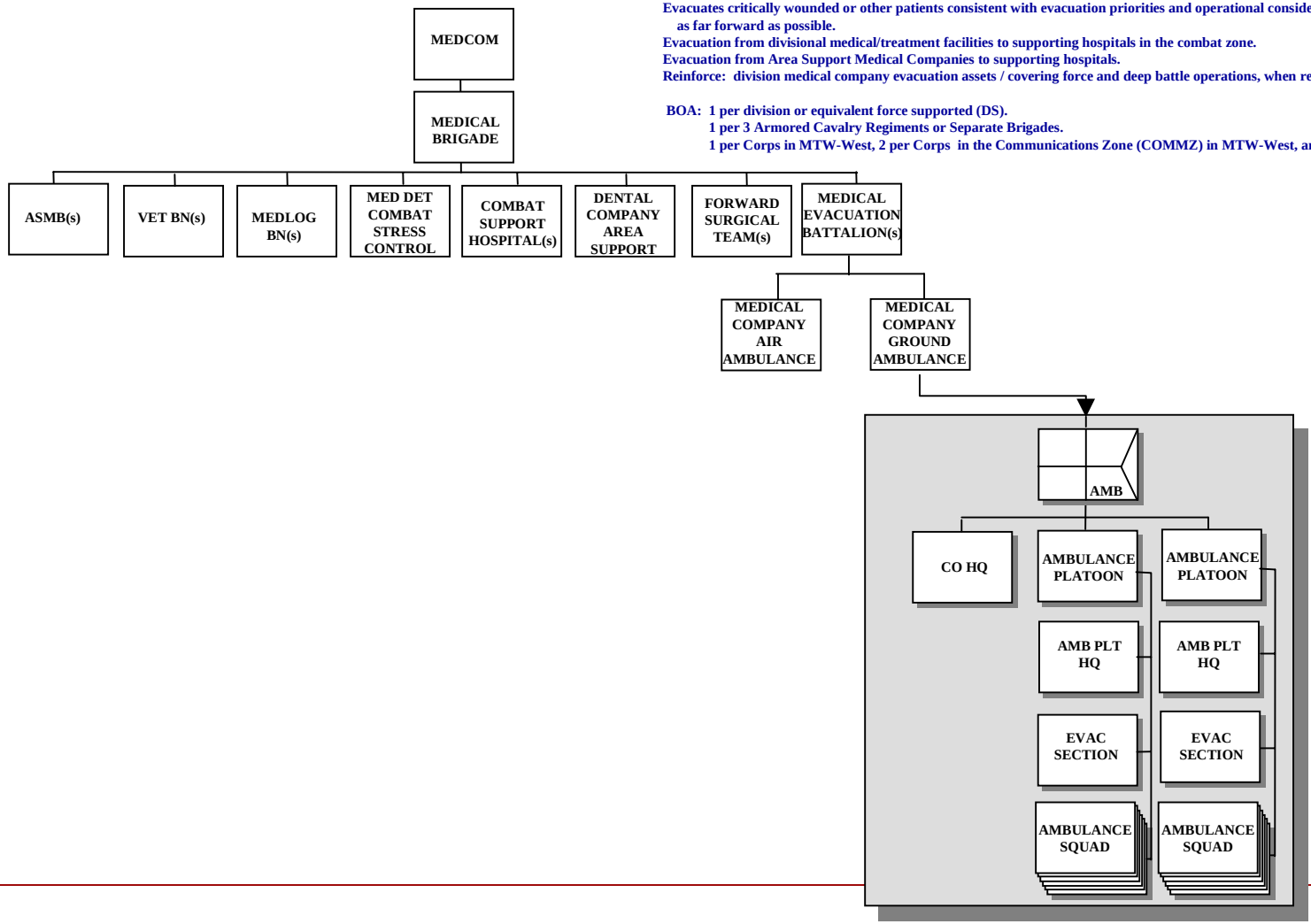
COMMAND RELATIONSHIPS

EVACUATION CORPS

MEDICAL COMPANY (GROUND AMBULANCE)

Assigned to the MEDCOM or Medical Brigade and attached to the Medical Evacuation Battalion for C^2 (SRC 08449A000).
Provides ground evacuation support within the theater of operations.
Evacuates critically wounded or other patients consistent with evacuation priorities and operational considerations, from points as far forward as possible.
Evacuation from divisional medical/treatment facilities to supporting hospitals in the combat zone.
Evacuation from Area Support Medical Companies to supporting hospitals.
Reinforce: division medical company evacuation assets / covering force and deep battle operations, when required.

BOA: 1 per division or equivalent force supported (DS).
1 per 3 Armored Cavalry Regiments or Separate Brigades.
1 per Corps in MTW-West, 2 per Corps in the Communications Zone (COMMZ) in MTW-West, and 1 per theater.



COMMAND RELATIONSHIPS

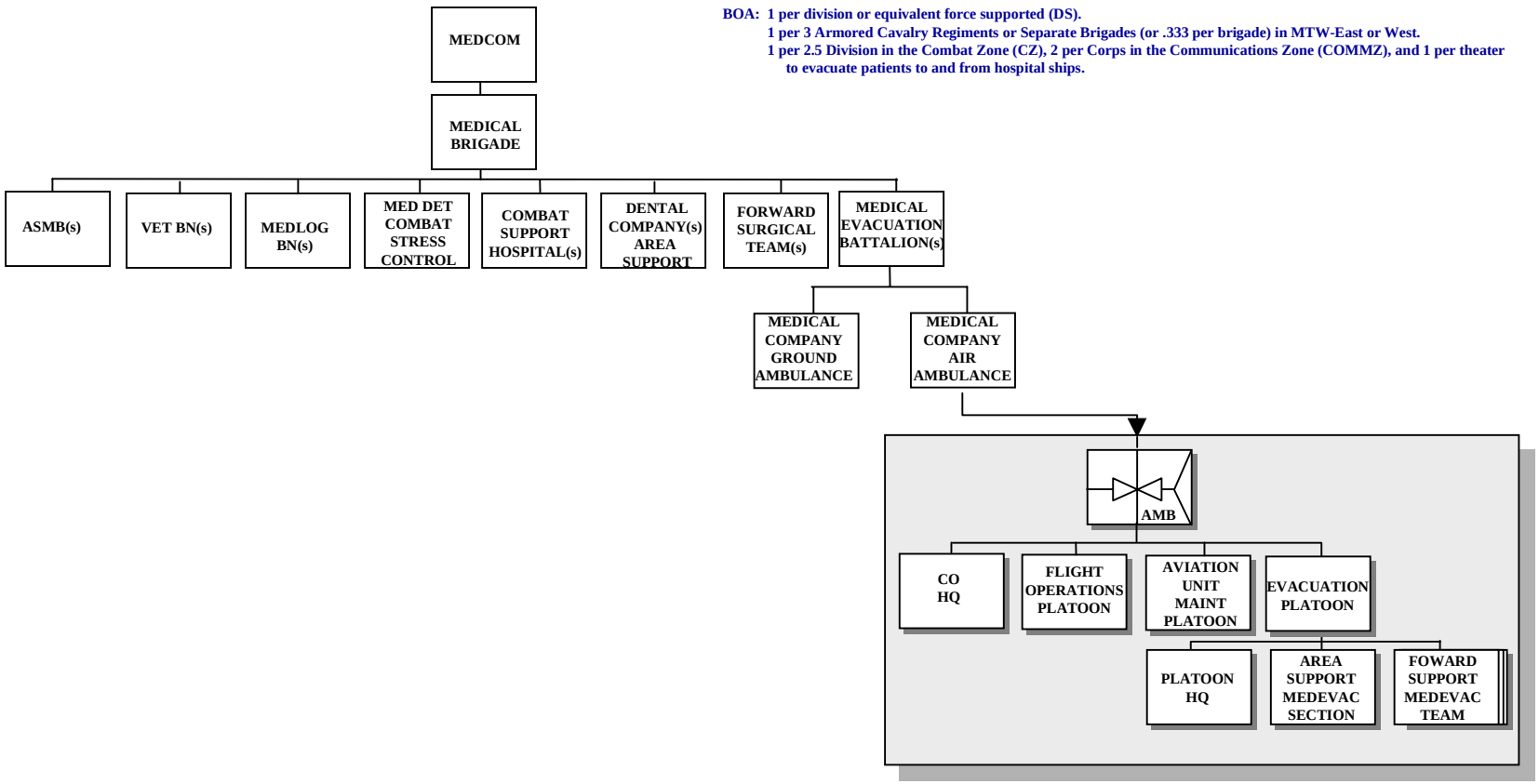
EVACUATION

CORPS/COMMZ

MEDICAL COMPANY (AIR AMBULANCE)

Assigned to the MEDCOM or Medical Brigade and attached to the Medical Evacuation Battalion for C^2 (SRC 08447AA00).
Provides aeromedical evacuation support within the theater of operations, either direct support (DS) to the divisions or general support (GS) to support the Corps.
Evacuates critically wounded or other patients consistent with evacuation priorities and operational considerations, from points as far forward as possible, to divisional medical/treatment facilities and Corps/EAC hospitals.

BOA: 1 per division or equivalent force supported (DS).
1 per 3 Armored Cavalry Regiments or Separate Brigades (or .333 per brigade) in MTW-East or West.
1 per 2.5 Division in the Combat Zone (CZ), 2 per Corps in the Communications Zone (COMMZ), and 1 per theater to evacuate patients to and from hospital ships.



COMMAND RELATIONSHIPS

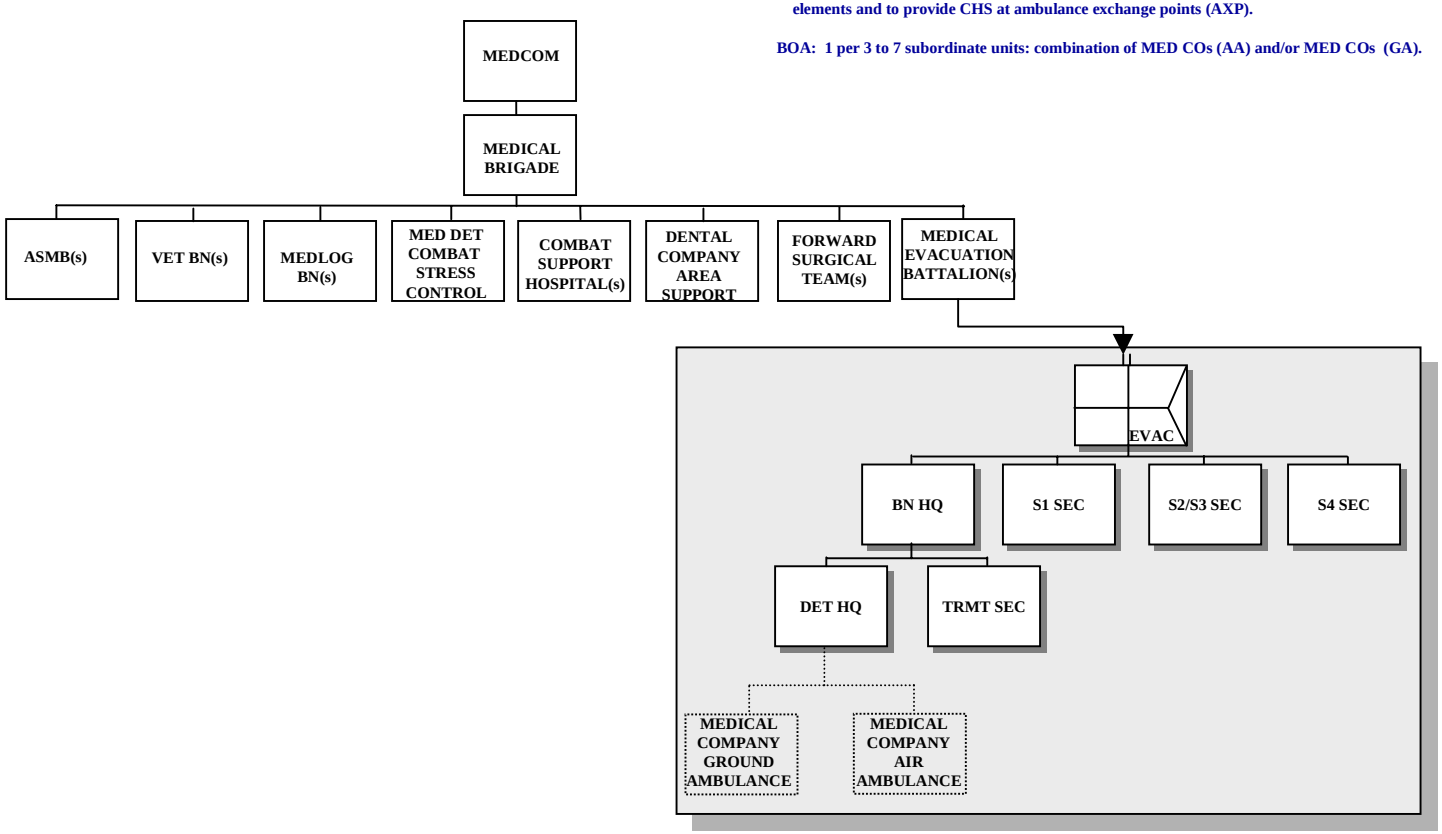
EVACUATION

CORPS/EAC

MEDICAL EVACUATION BATTALION

Assigned to the MEDCOM in the COMMZ or Medical Brigade in the Corps. (SRC 08446L000).
Provides command, control, and logistics support of assigned and attached air and ground medical evacuation units within the Theater of Operations.
Provides coordination of medical evacuation operations and communications functions on a continuous basis.
Provides unit level CHS and aviation medicine support for units within the battalion. Treatment teams for forward support elements and to provide CHS at ambulance exchange points (AXP).

BOA: 1 per 3 to 7 subordinate units: combination of MED COs (AA) and/or MED COs (GA).



COMMAND RELATIONSHIPS

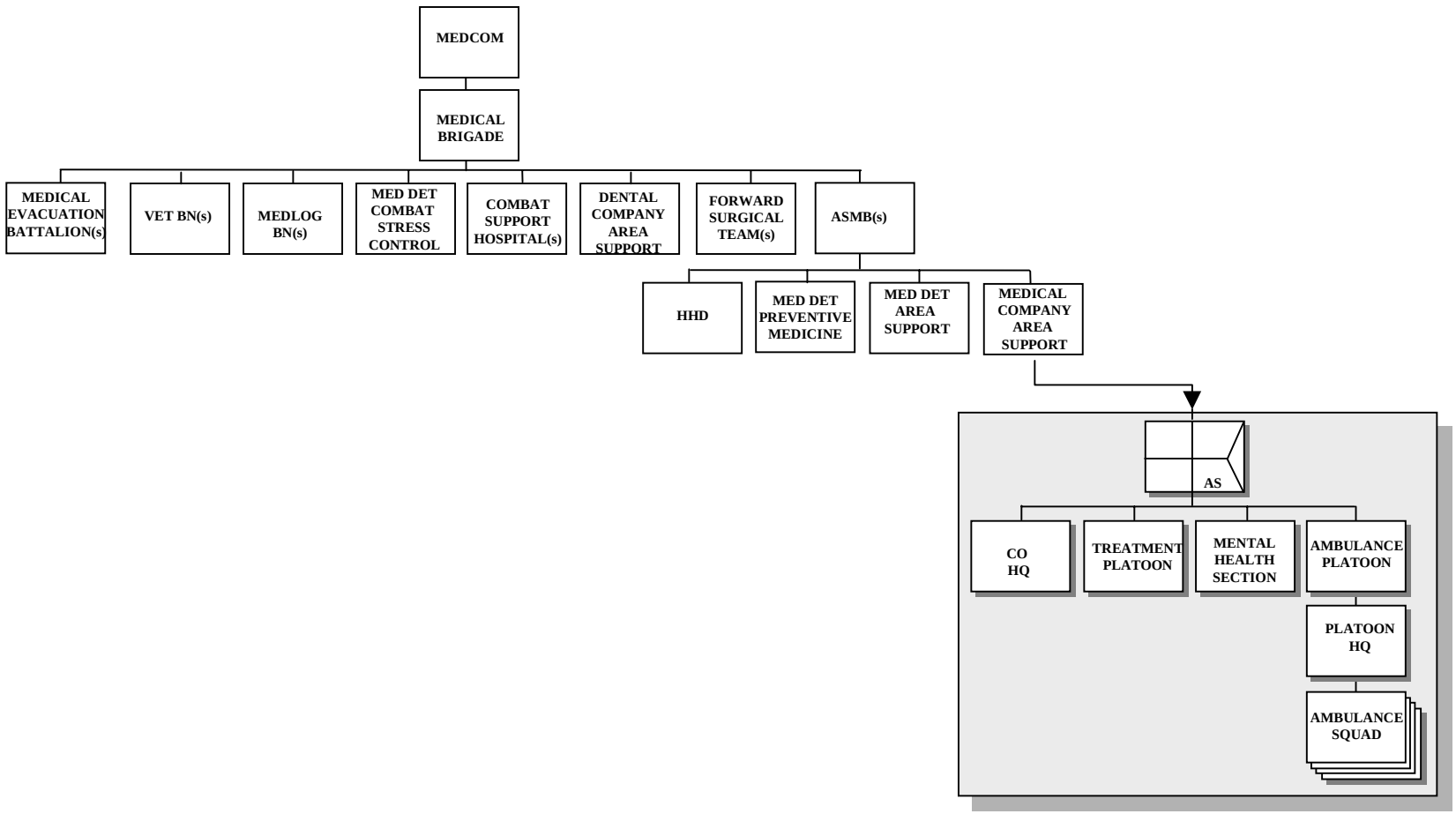
EVACUATION

CORPS/EAC

MEDICAL COMPANY, AREA SUPPORT

Assigned to the MEDCOM or Medical Brigade and attached to the Area Support Medical Battalion for C^2 (SRC 08457A000). Provides evacuation support to patients from units within the ASMC's AO to the treatment squads of the ASMC.

BOA: 1 per 15,000 non-divisional troops supported in the Corps and COMMZ.



COMMAND RELATIONSHIPS

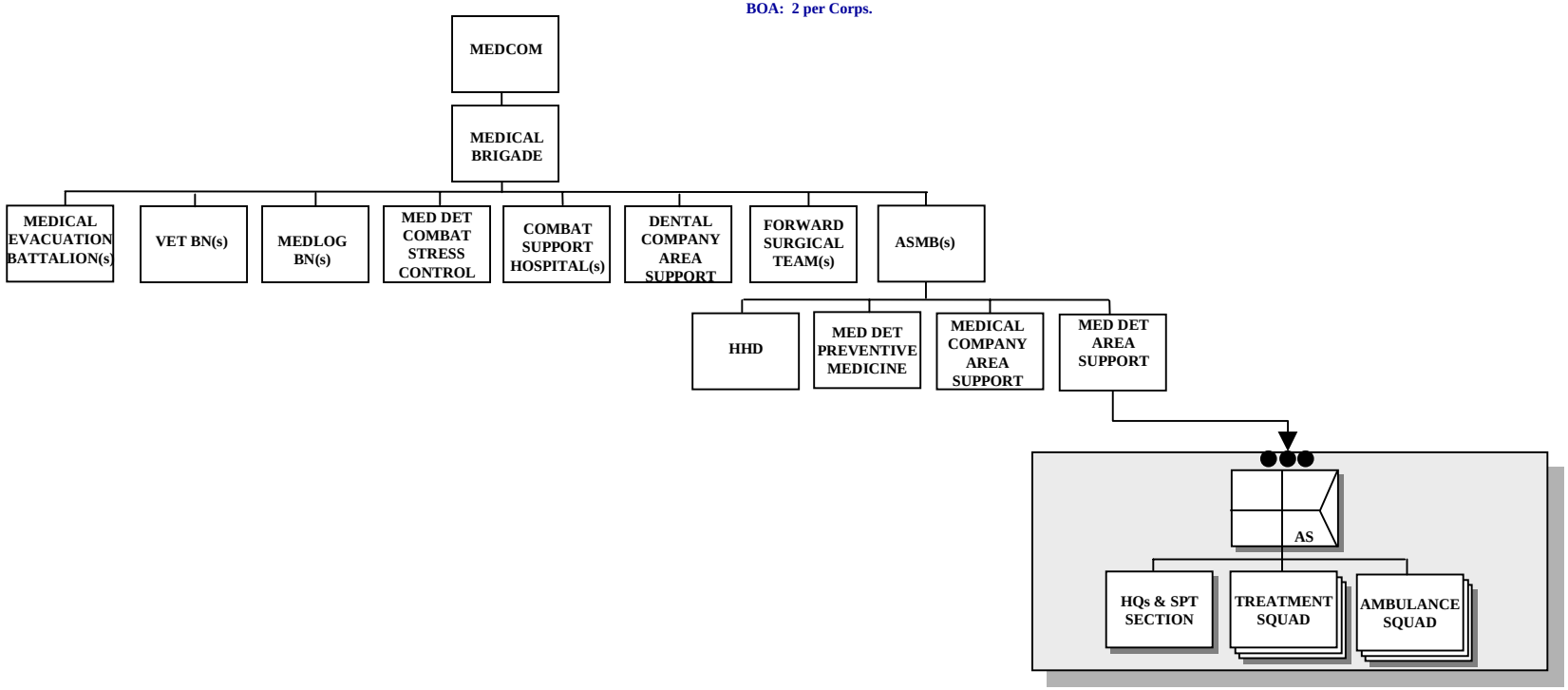
EVACUATION

CORPS

MEDICAL DETACHMENT, AREA SUPPORT

Assigned to the MEDCOM or Medical Brigade and attached to the Area Support Medical Battalion for C^2 (SRC 08753A000). Provides ground evacuation support to divisional troop populations temporarily located in the Corps or staging/holding areas. Ground evacuation of patients from units within the treatment team's area of responsibility.

BOA: 2 per Corps.

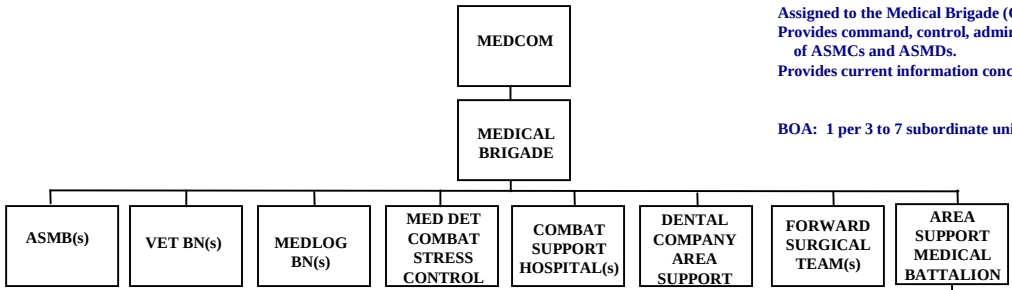


COMMAND RELATIONSHIPS

EVACUATION

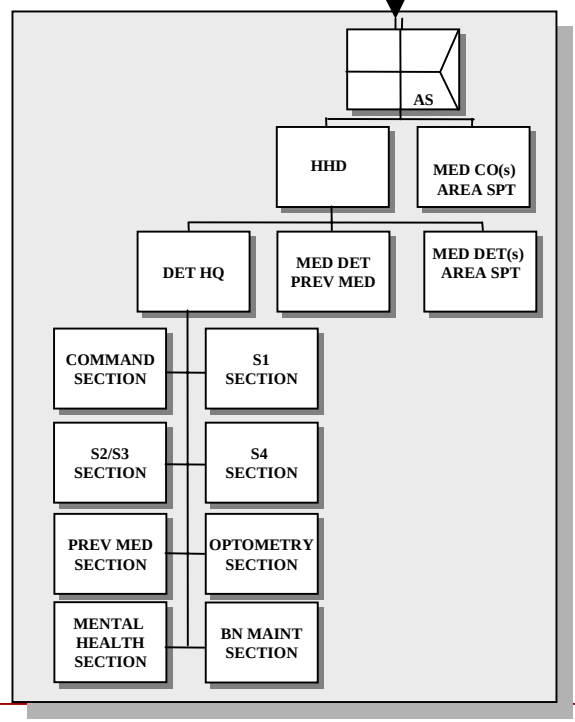
CORPS/EAC

AREA SUPPORT MEDICAL BATTALION



Assigned to the Medical Brigade (Corps/EAC) (SRC 08456A000).
Provides command, control, administrative, and logistics support for up to seven subordinate units which will be a combination of ASMCs and ASMDs.
Provides current information concerning medical aspects of combat service support situation to higher headquarters.

BOA: 1 per 3 to 7 subordinate units: combination of ASMCs.

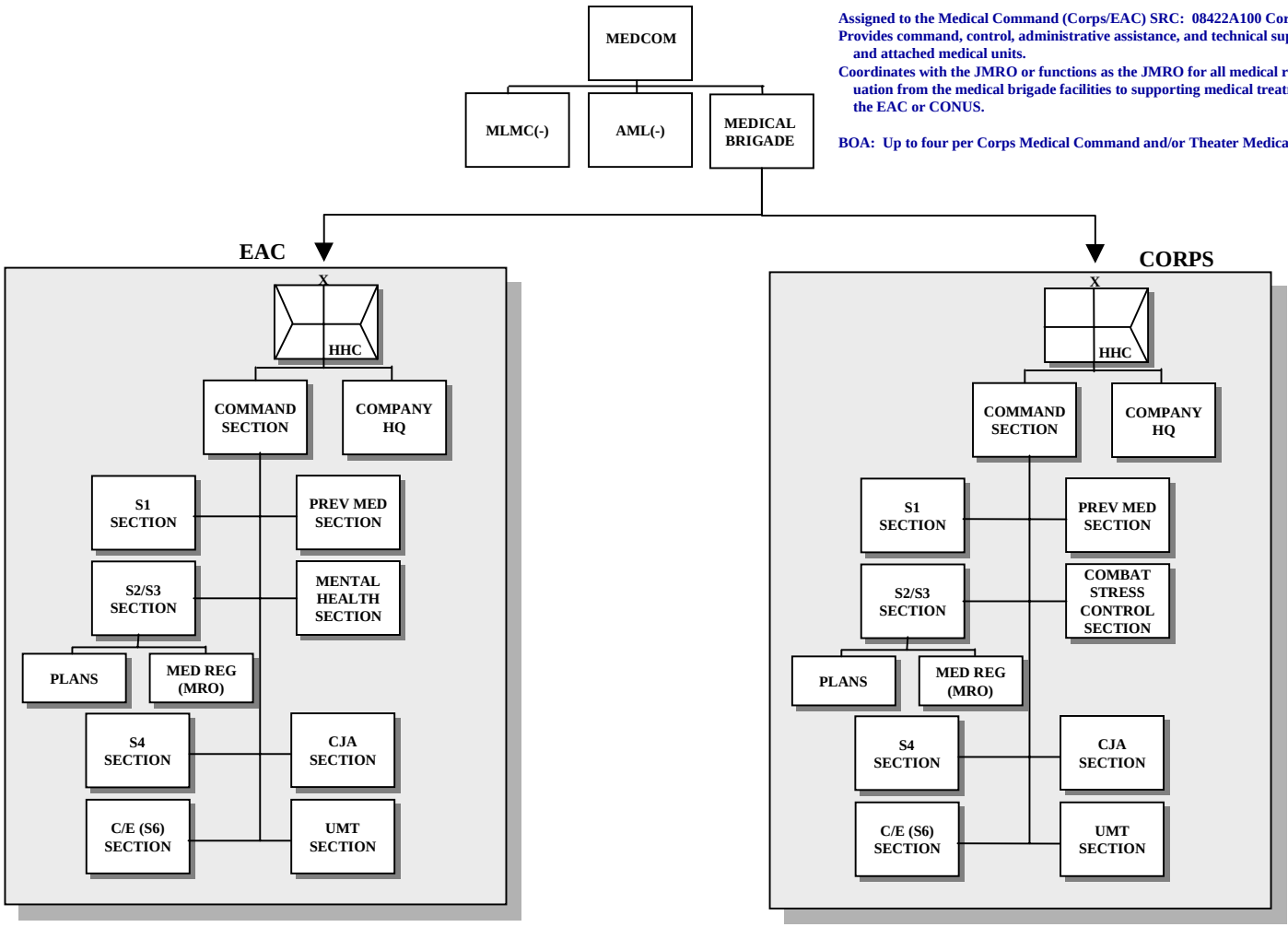


COMMAND RELATIONSHIPS

EVACUATION

CORPS/EAC

MEDICAL BRIGADE (CORPS/EAC)



COMMAND RELATIONSHIPS

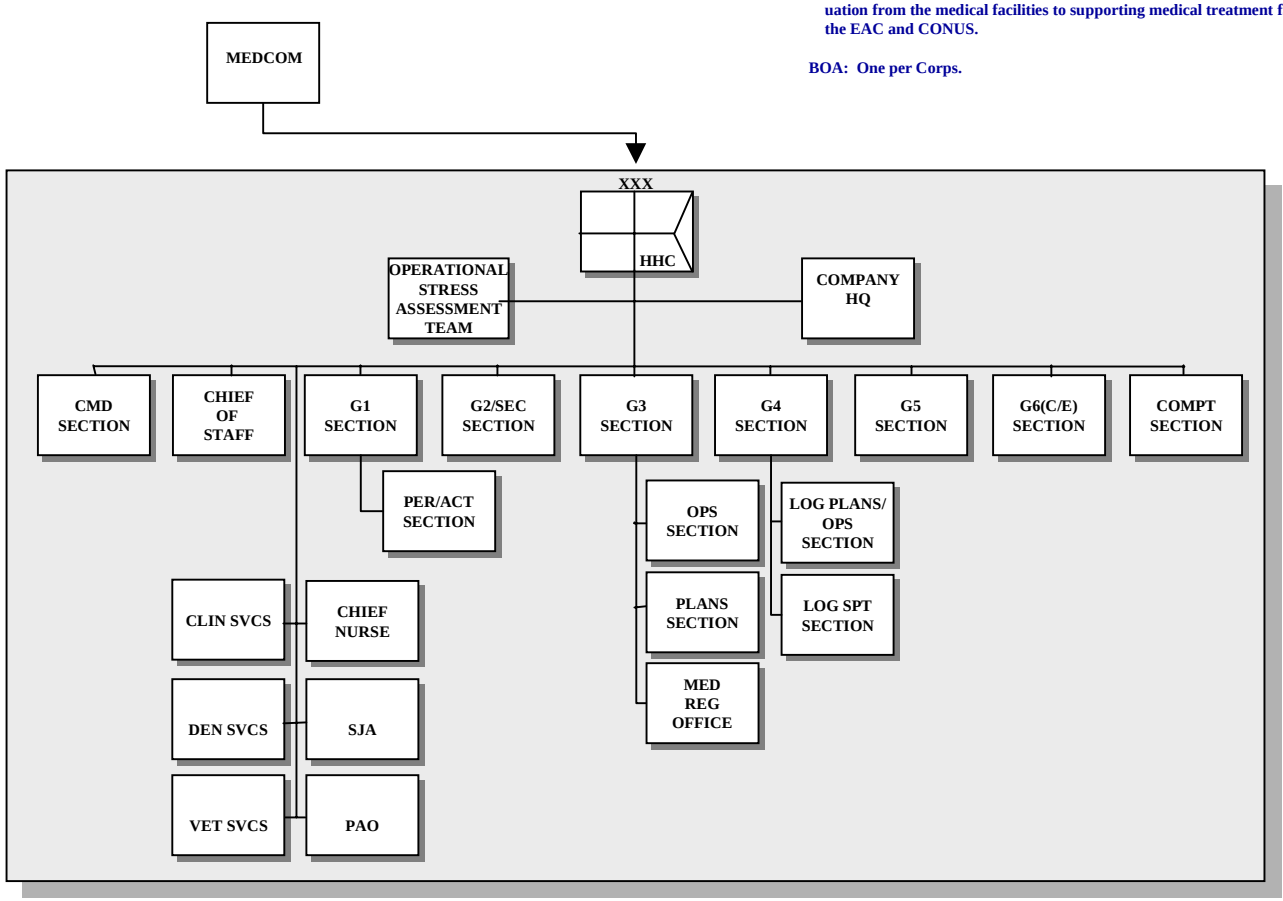
EVACUATION

CORPS

MEDICAL COMMAND (CORPS)

Medical Command (Corps) SRC: 08411A000
Provides command, control, administrative assistance, and technical supervision of assigned and attached medical units.
Coordinates with the JMRO or functions as the JMRO for all medical regulating for evacuation from the medical facilities to supporting medical treatment facilities in the EAC and CONUS.

BOA: One per Corps.



COMMAND RELATIONSHIPS

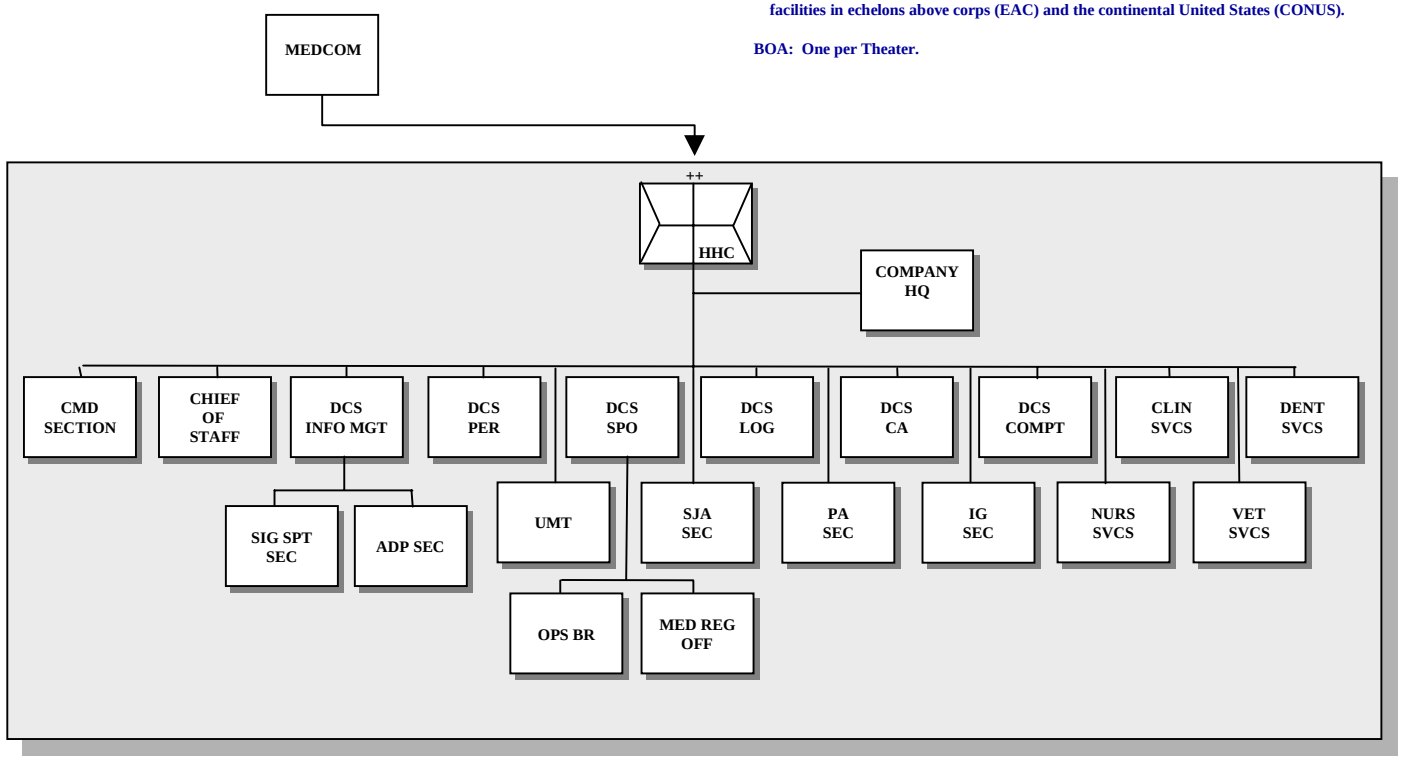
EVACUATION

EAC

MEDICAL COMMAND (THEATER)

Medical Command (Theater) SRC: 08611A000
Provides command, control, administrative assistance, and technical supervision of assigned and attached medical units.
Command and control of Theater medical units providing CHS in the Theater AO.
Coordination with the JMRO for all Medical Command facilities to supporting medical treatment facilities in echelons above corps (EAC) and the continental United States (CONUS).

BOA: One per Theater.



ACTIVITY MODEL (OV-5)

(Diagrams with Model, Activity, and Arrow Reports)

AMEDD-OA-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP	DATE: 01/05/1999		WORKING	READER DATE	CONTEXT:
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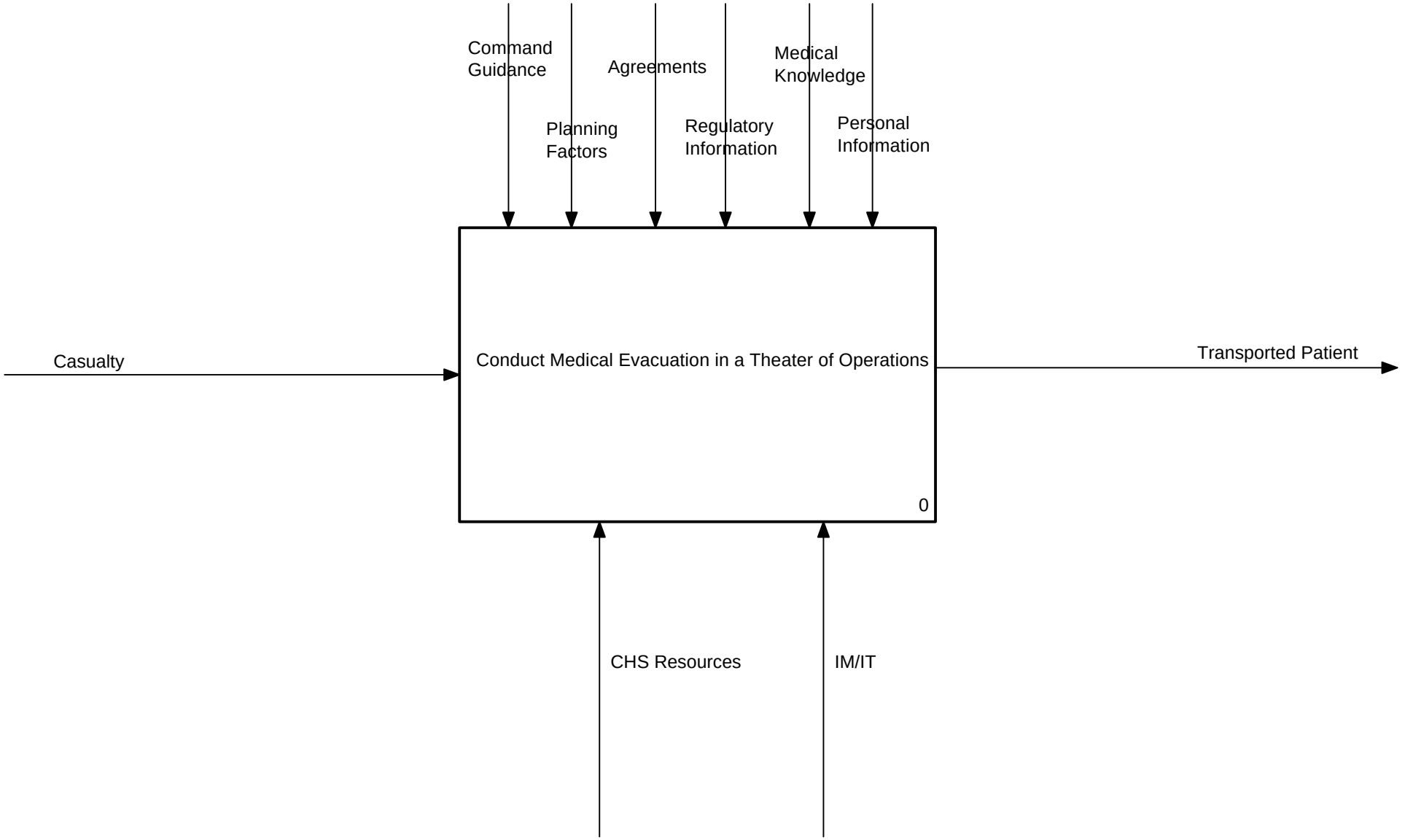
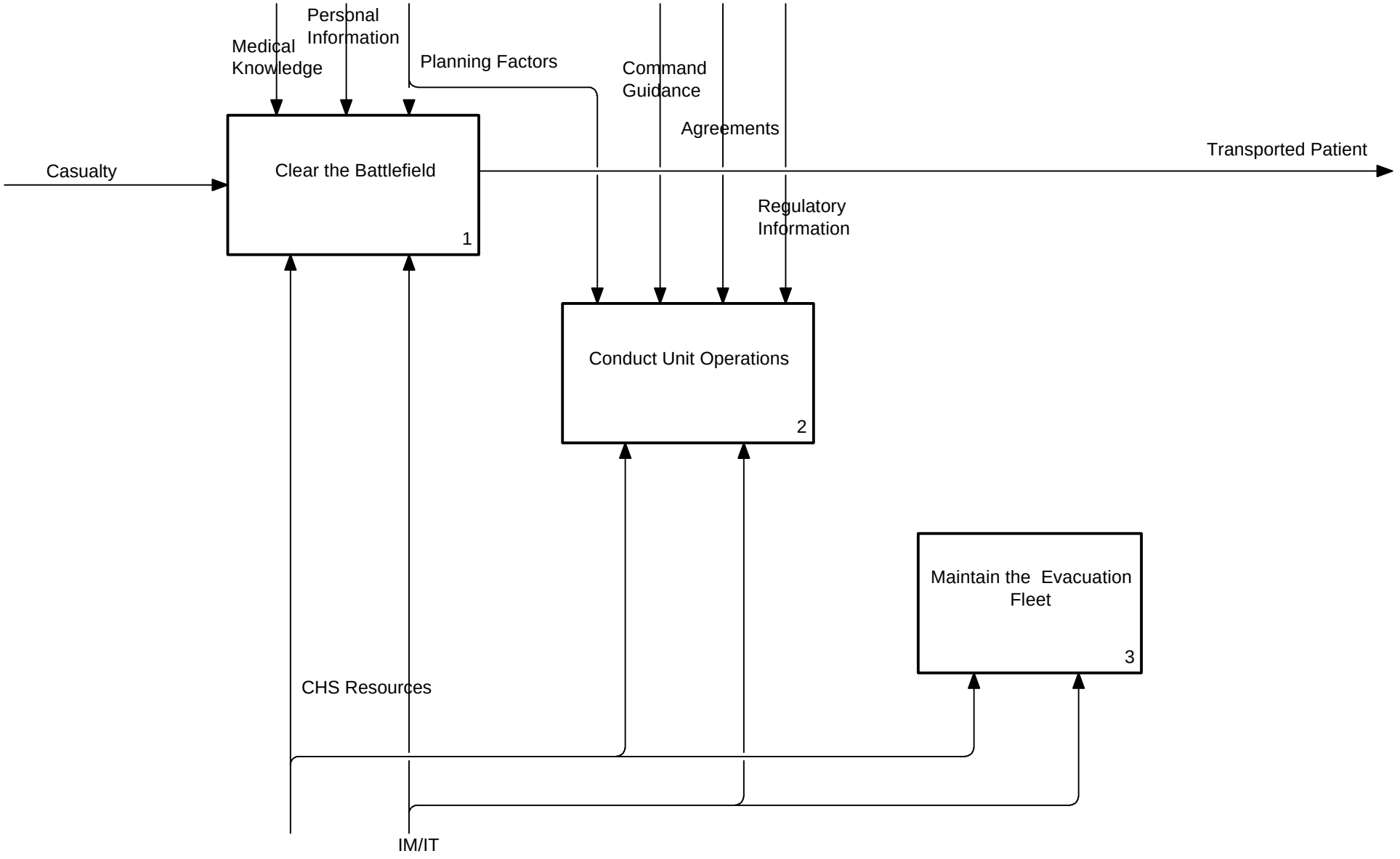


NODE:	TITLE:	NUMBER:
A-0	Conduct Medical Evacuation in a Theater of Operations	EVAC-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP PROJECT: AMEDD Operational Architecture NOTES: 1 2 3 4 5 6 7 8 9 10	DATE: 01/06/1999 REV: 01/10/2000	WORKING DRAFT RECOMMENDED PUBLICATION	READER DATE	CONTEXT: A-0



NODE:	TITLE:	NUMBER:
A0	Conduct Medical Evacuation in a Theater of Operations	EVAC-0-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP	DATE: 01/07/1999	WORKING	READER DATE	CONTEXT:
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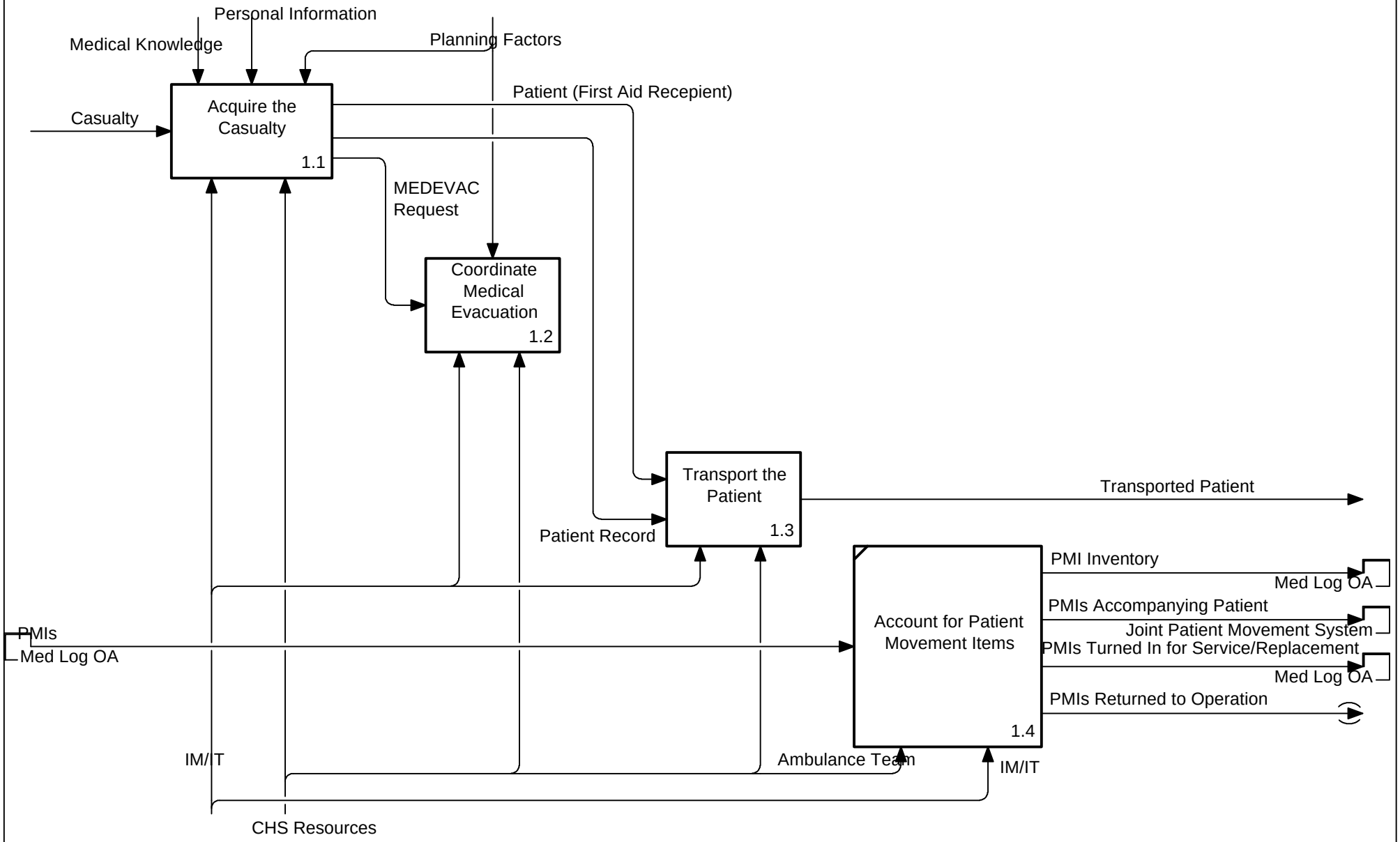

NODE:	TITLE:	NUMBER:
A1	Clear the Battlefield	EVAC-1-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP DATE: 01/12/1999 PROJECT: AMEDD Operational Architecture REV: 01/10/2000 NOTES: 1 2 3 4 5 6 7 8 9 10		WORKING	READER DATE	CONTEXT: A1
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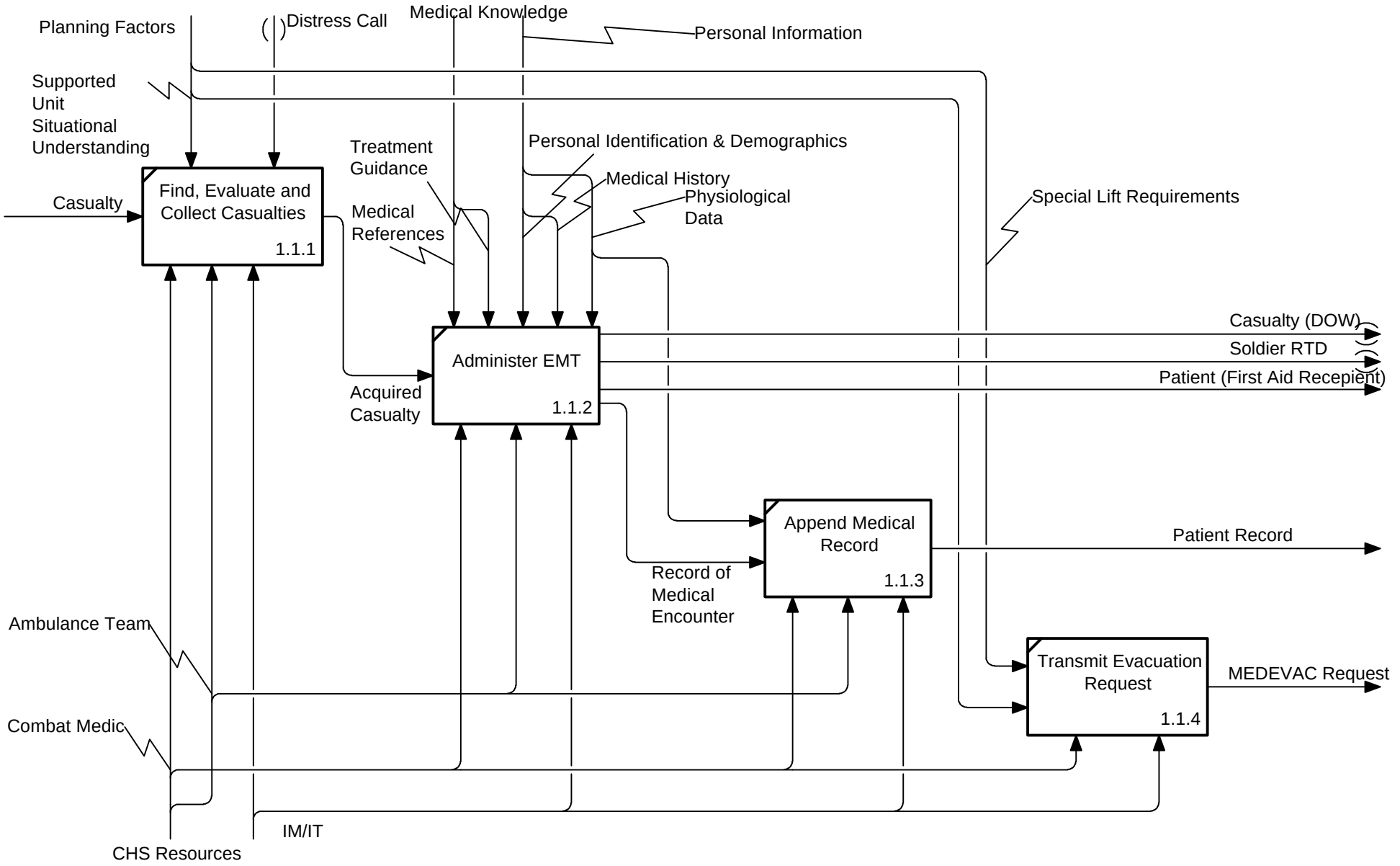

NODE:	TITLE:	NUMBER:
A1.1	Acquire the Casualty	EVAC-1.1-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP	DATE: 01/15/1999		WORKING	READER DATE	CONTEXT:
	PROJECT: AMEDD Operational Architecture	REV: 01/10/2000		DRAFT		
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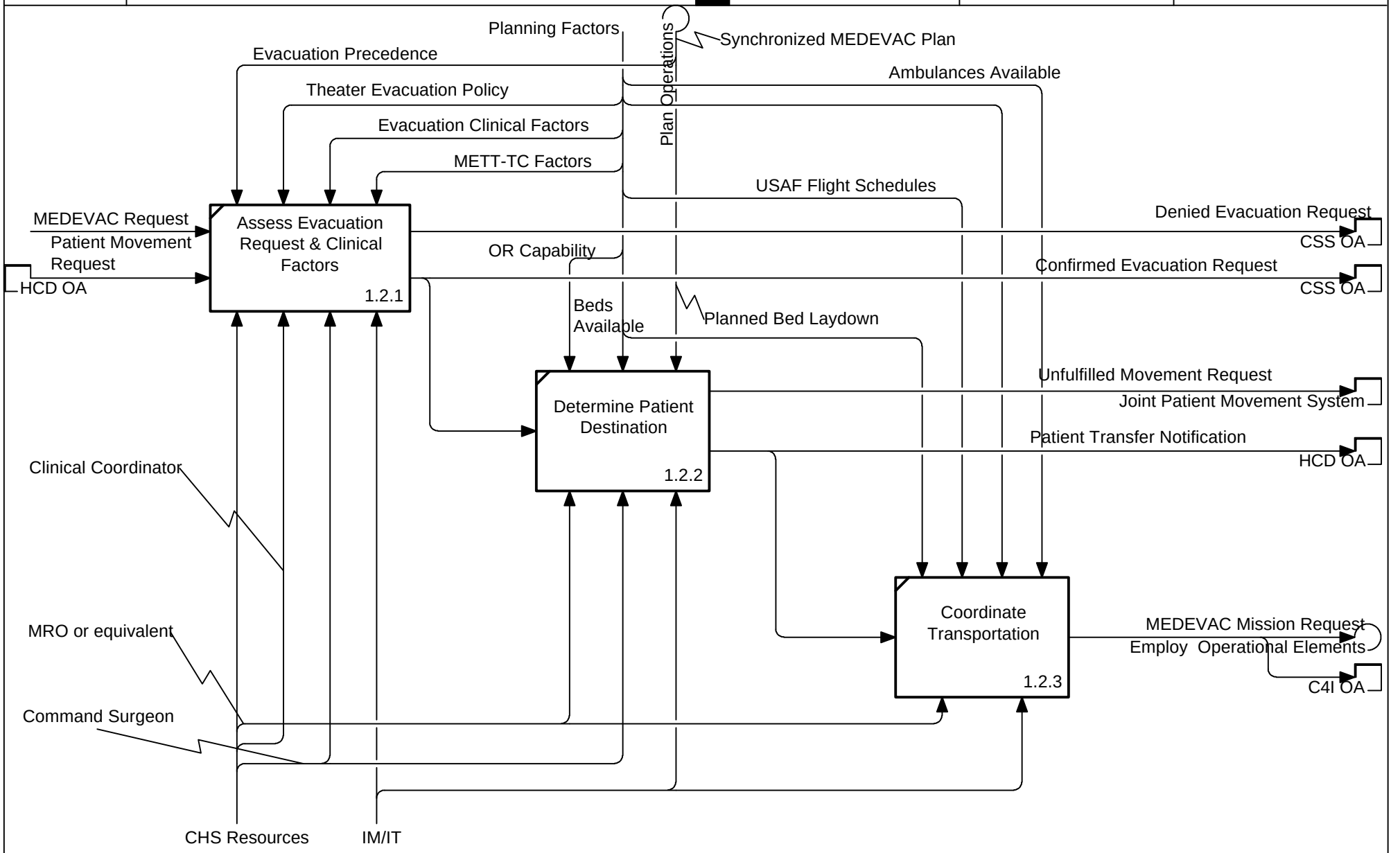

NODE:	TITLE:	NUMBER:
A1.2	Coordinate Medical Evacuation	EVAC-1.2-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP	DATE: 01/12/1999		WORKING	READER DATE	CONTEXT:
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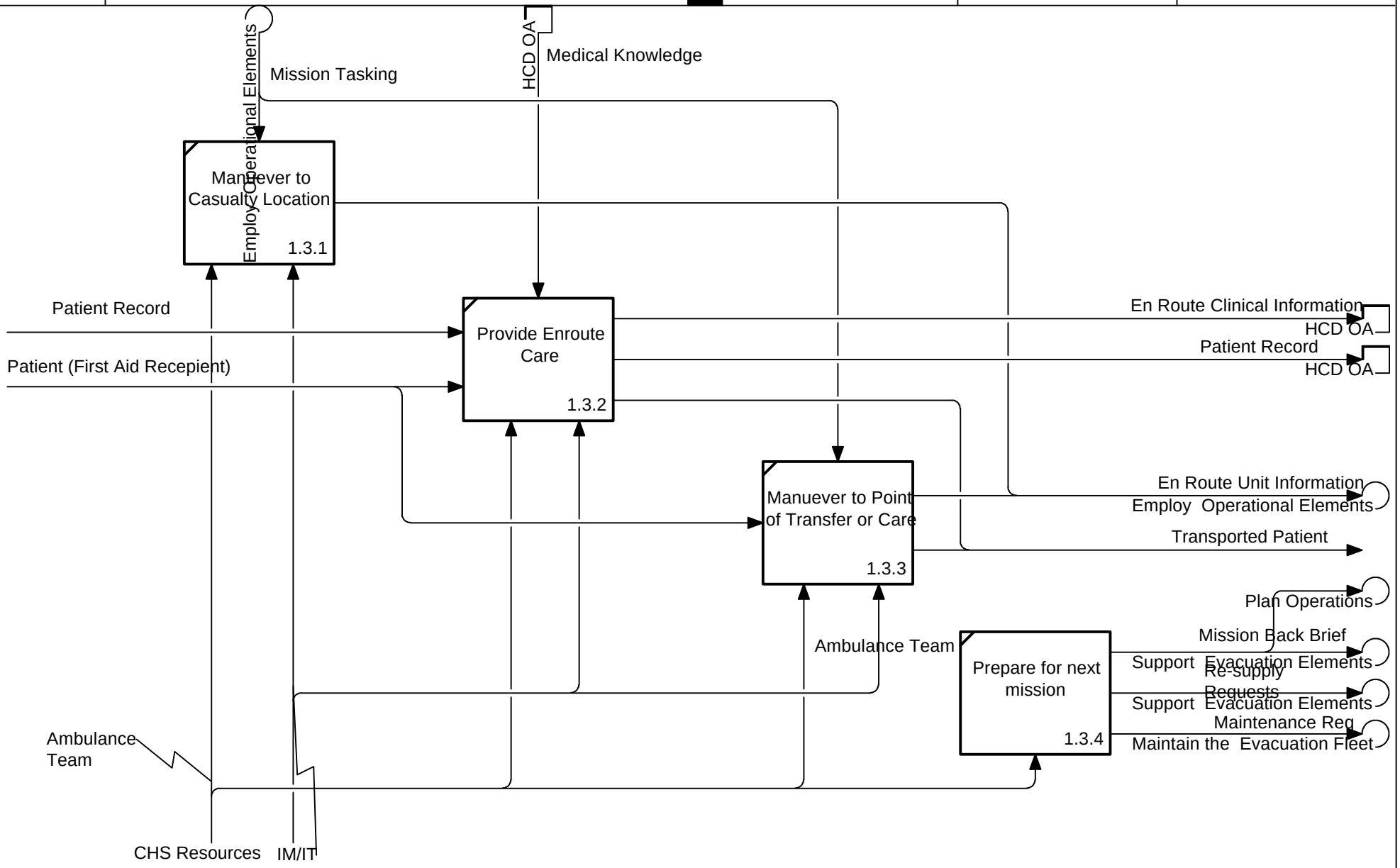

NODE:	TITLE:	NUMBER:
A1.3	Transport the Patient	EVAC-1.3-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP	DATE: 01/07/1999		WORKING	READER DATE	CONTEXT:
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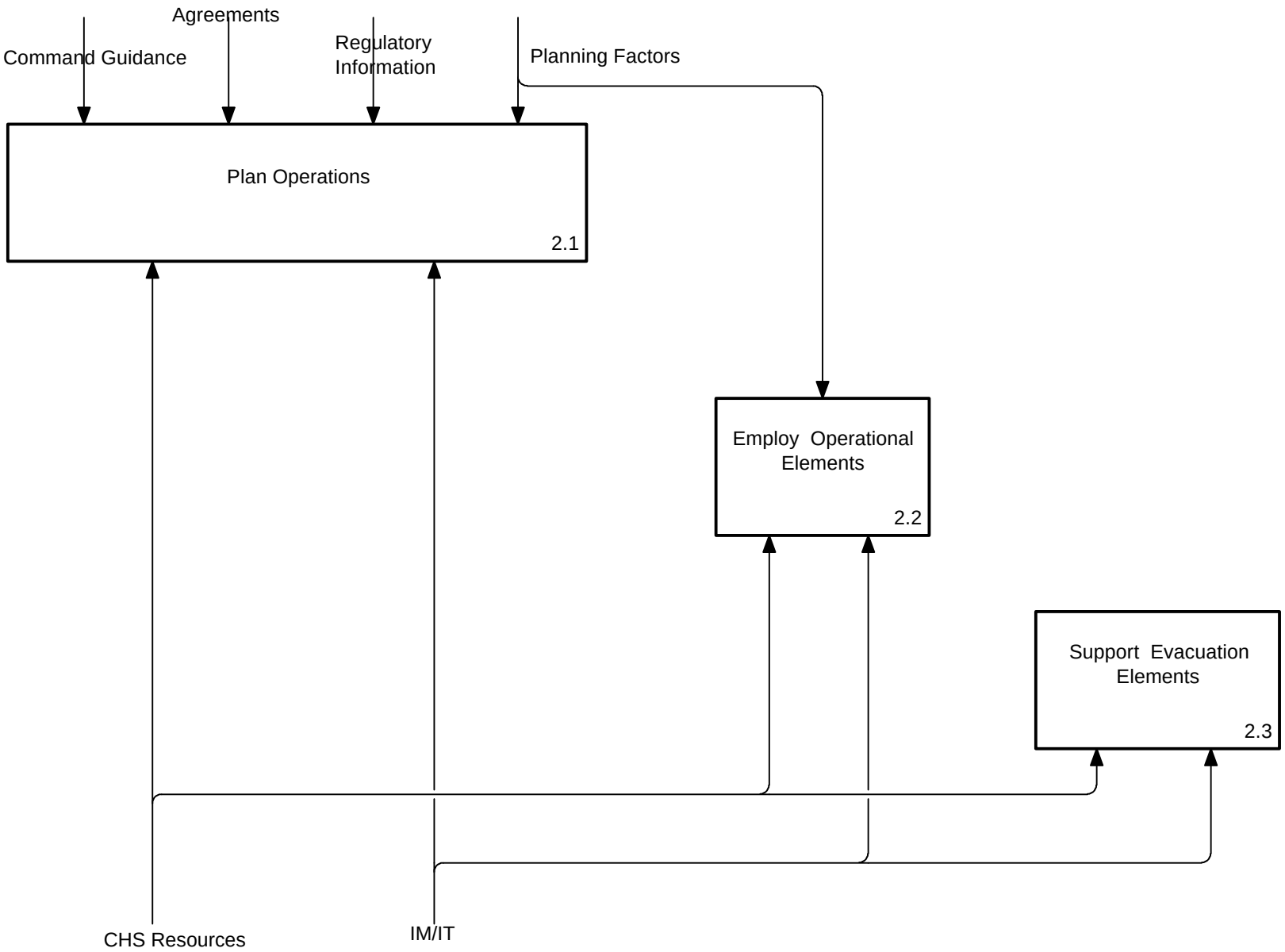

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A2	Conduct Unit Operations	EVAC-2-001

USED AT: AMEDD-OA-0001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP	DATE: 01/12/1999		WORKING	READER DATE	CONTEXT:
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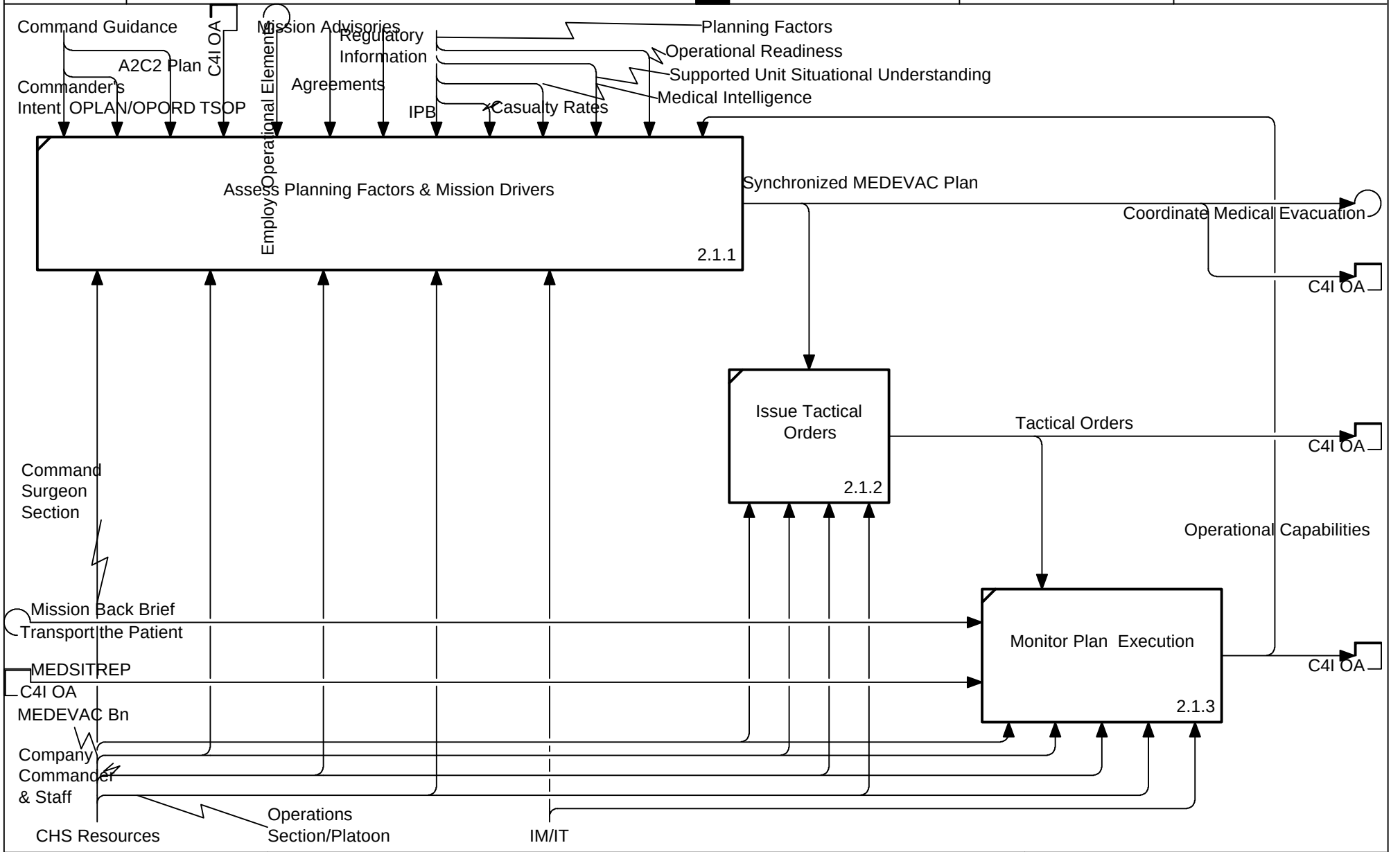

NODE:	TITLE:	NUMBER:
A2.1	Plan Operations	EVAC-2.1-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP	DATE: 01/12/1999	WORKING	READER DATE	CONTEXT:
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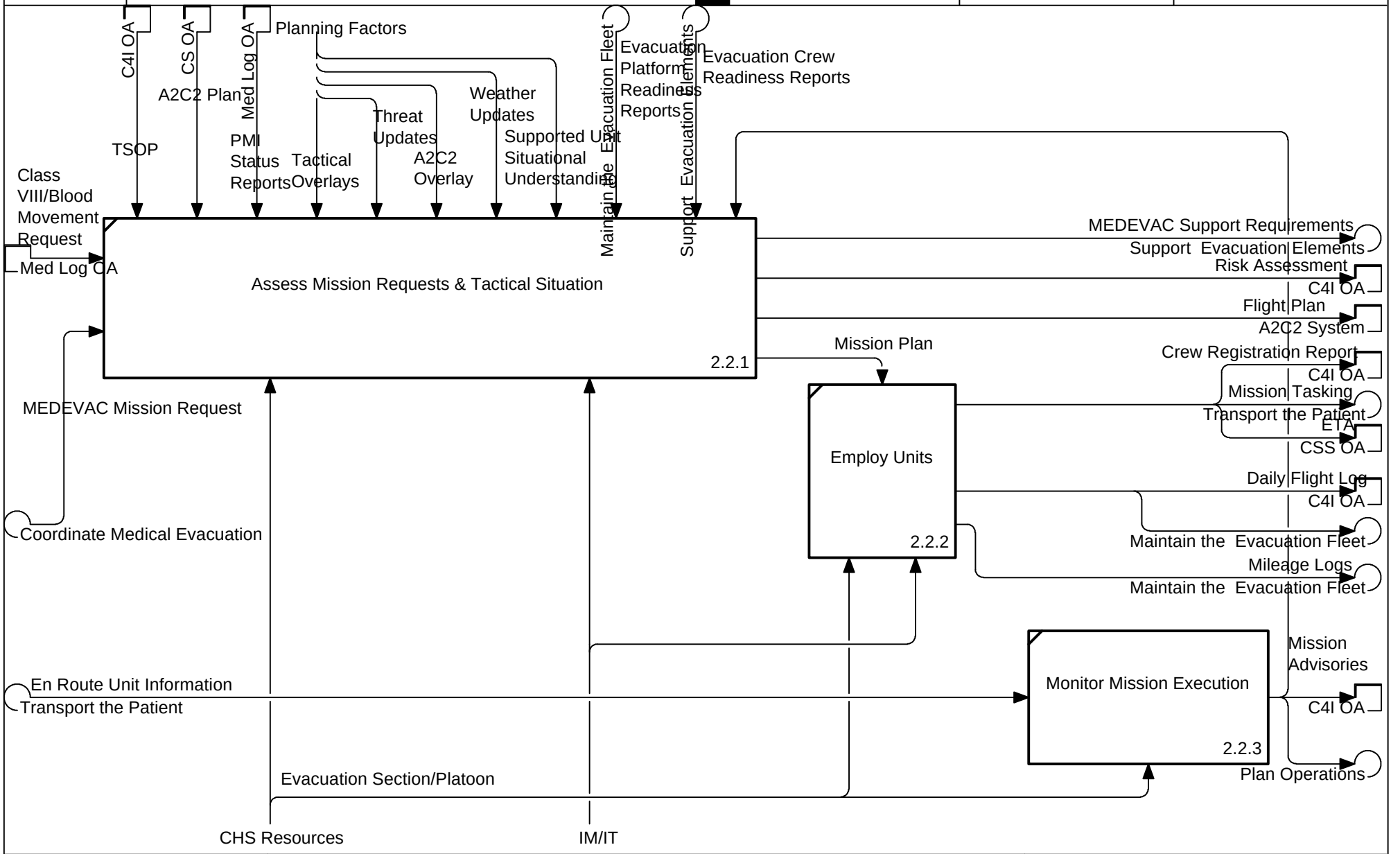

NODE:	TITLE:	NUMBER:
A2.2	Employ Operational Elements	EVAC-2.2-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP	DATE: 01/07/1999		WORKING	READER DATE	CONTEXT:
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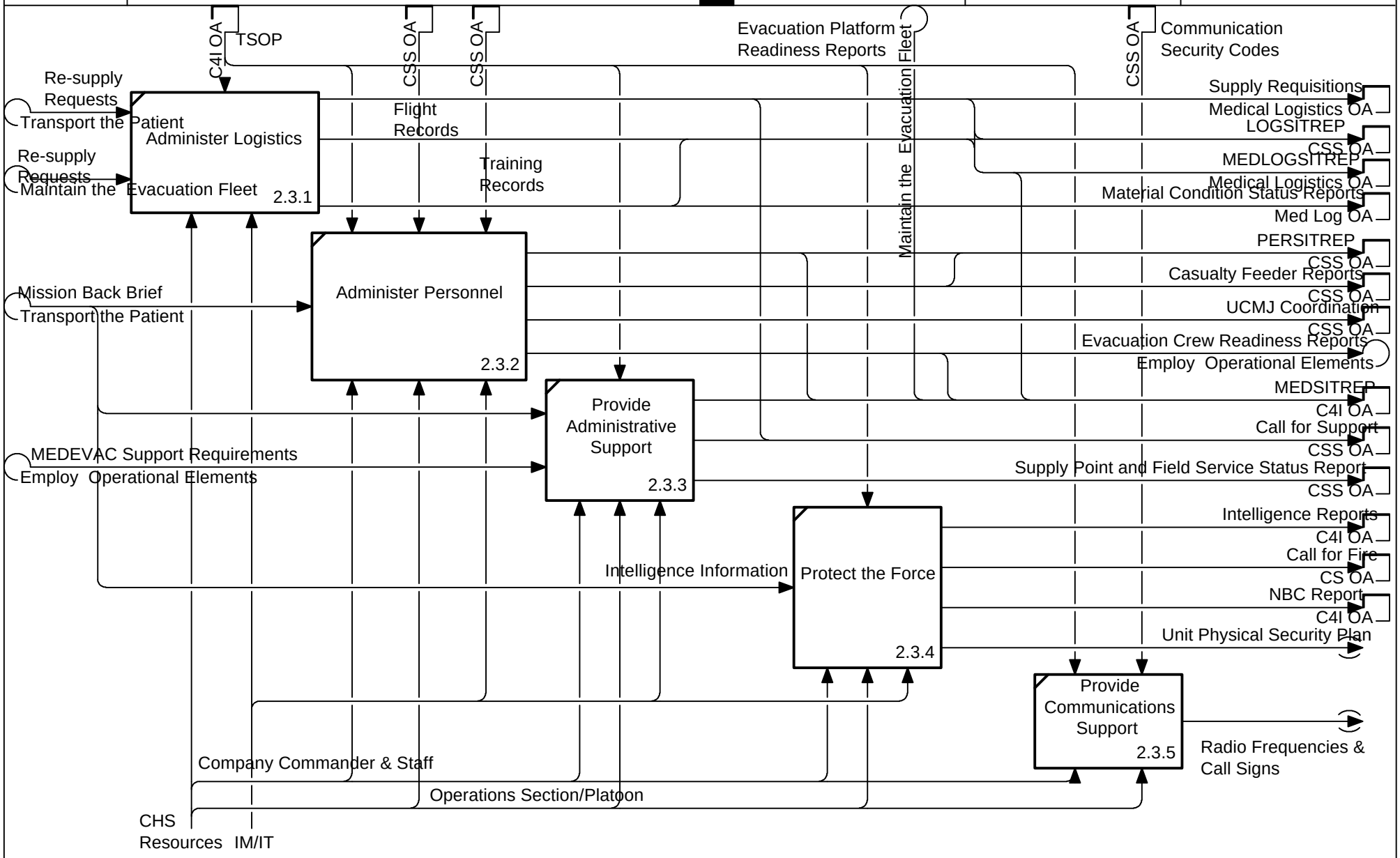

NODE:	TITLE:	NUMBER:
A2.3	Support Evacuation Elements	EVAC-2.3-001

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP DATE: 01/07/1999 PROJECT: AMEDD Operational Architecture REV: 01/10/2000 NOTES: 1 2 3 4 5 6 7 8 9 10		WORKING	READER DATE	CONTEXT: A0
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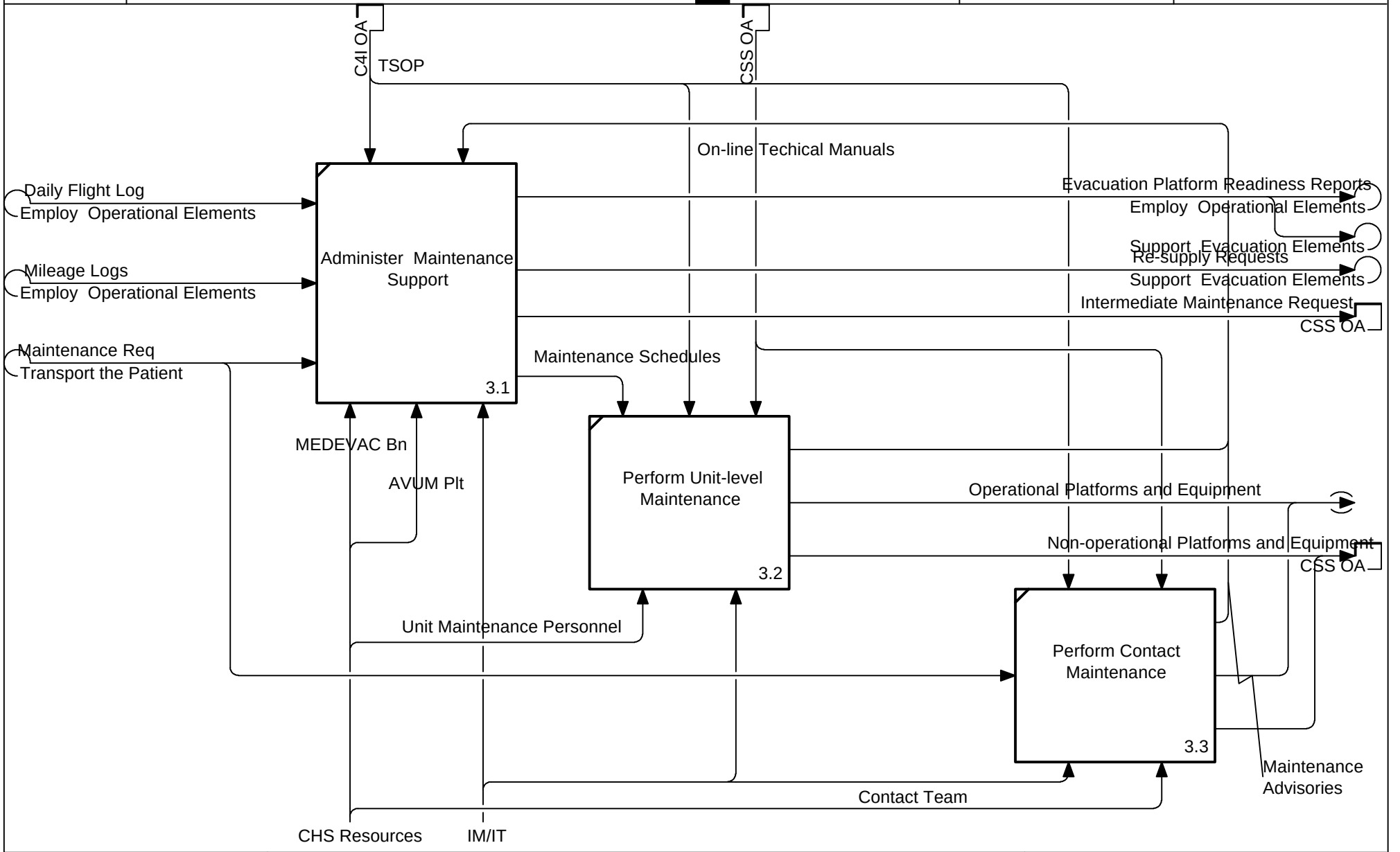

NODE:	TITLE:	NUMBER:
A3	Maintain the Evacuation Fleet	EVAC-3-001

OV-5 ACTIVITY MODEL REPORT

Medical Evacuation in a Theater of Operations

Model Name: Medical Evacuation in a Theater of Operations (OV-5)
Purpose: This model establishes a basis for medical evacuation information requirements in accordance with evolving Force XXI operational concepts.
ViewPoint: The perspective is an architect who must define the information exchanges required by the activities of the medical evacuation system.
Definition: Medical evacuation is the timely, efficient movement and en route care by medical personnel of wounded, injured or ill persons from the battlefield or other locations to medical treatment facilities. The system begins with the initial identification of a casualty and continues through the arrival of the casualty at a point of an appropriate level of care.
Scope: This model describes the activities composing a Force XXI medical evacuation system in a theater of operationsaactivitiesof individual units are not depicted, nor are the internal activities of units.
Time Frame: (TO-BE)
Source: · FM 8-10-6, Medical Evacuation in a Theater of Operations, 31 Oct 91
· FM 8-10-16, Army Medical Information Operations, 3 Sep 98
· FM 8-10-26, Air Ambulance Company, 16 Feb 99
· FM 101-5-1, Operational Terms and Graphics, 30 Sep 97
· FM 100-5, Operations, 14 Jun 93
· ARTEP 8-446-MTP, Mission Training Plan for the Medical Evacuation Battalion Headquarters, 20 Mar 92
· ARTEP 8-058-30-MTP, Mission Training Plan for the Medical Company, Forward Support Battalion, Support Command, Heavy Division, 21 Feb 97
· ARTEP 8-279-30-MTP, Mission Training Plan for the Medical Company (Air Ambulance), 7 May 96
· ARTEP 8-437-30-MTP, Mission Training Plan for the Medical Company, Support Battalion, Heavy Separate Brigade/Separate Infantry Brigade, and Medical Troop, Support Squadron, Armored Cavalry Regiment, 30 Sep 97
· ARTEP 8-446-30-MTP, Mission Training Plan for the Headquarters Detachment, Medical Evacuation Battalion, 1 Sep 98
· ARTEP 8-449-30-MTP, Mission Training Plan for the Medical Company (Ground Ambulance), 19 Aug 96
· ARTEP 8-456-30-MTP, Mission Training Plan for the Support Company, Area Support Medical Battalion, 28 Jun 96
· Army Universal Task List, 23 Jun 99
· CJCSM 3500.04A, Uniform Joint Task Listing, Ver 3.0, 13 Sep 96
· TRADOC Pamphlet 525-50, Operational Concept for Combat Health Support, 1 Oct 96
· TRADOC Pamphlet 525-5, Force XXI Operations, 1 Aug 94
· Joint Pub 4-02.2, Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations, 30 Dec 96
· Combat Health Support Operations: Clearing the Battlefield Concept Paper (draft), 30 Oct 98
· AMEDD C&S Director of Combat and Doctrine Development Information Briefing: Medical Reengineering Initiative: Combat Health Support of Force XXI, 2 Feb 98
· TRANSCOM Regulating, Command and Control Evacuation System (TRAC2ES) Concept of Operations, 17 Mar 98
· Army Medical Department Directorate of Combat and Doctrine Development Theater Medical Information Program Requirements Rationale and Horizontal Traceability Report, 1 Oct 97

· Aeromedical Evacuation Officer Course (2C-F7), 16 - 27 Aug 99
· Force XXI Battle Command - Brigade and Below (FBCB2) User Functional Description, Version 4.0, 24 Feb 99
· AMEDD C&S Director of Combat and Doctrine Development Information Paper: Level 1 & 2 Combat Health Support under Force XXI, 6 May 97
· AMEDD C&S Director of Combat and Doctrine Development Information Paper: Warfighter Physiological Status Monitor and Warrior Medic, 23 Feb 99
· AMEDD C&S Director of Combat and Doctrine Development Information Paper: Personal Information Carrier, 7 May 98
· AMEDD C&S Director of Combat and Doctrine Development Information Paper: Patient Movement Items, 5 Jan 99
· Warrior Medic (WM) System Operational Requirements Document (Draft), 1 Dec 98
· Movement Tracking System (MTS) Operational Requirements Document, 14 Sep 98
· Global Combat Support System (GCSS) Operational Architecture, Ver 3.1, 16 Jun 98

Status: PUBLICATION
Author Name: Mr. Danny J. Sharon, KPMG LLP
User Last Revision Date: 1/10/00

OV-5 ACTIVITY REPORT

Medical Evacuation in a Theater of Operations

Activity Number: 0
Activity Name: Conduct Medical Evacuation in a Theater of Operations
Activity Definition: The AMEDD must be able to provide an integrated medical evacuation system throughout the operational spectrum including the evolving missions of stability and support operations and shore to ship/ship to shore patient evacuation. Evacuation platforms must have the capability to perform in nearly all environmental conditions and over all terrain conditions. Evacuation platforms must be able to integrate information with supporting and supported units as well as with the medical information infrastructure. They must possess the capability to maintain situational awareness while providing mission/patient status on the future, digitized battlefield. Units must provide state of the art en route medical care compatible with the medical structure in the area of operations.
Activity Note: CJCSM 3500.04A, Universal Joint Task List: ST 4.2.2.2 Coordinate Patient Evacuation from AOR. To coordinate the movement of patients within and from AOR. This task includes designating MTFs by matching existing medical capabilities with reported patient needs; scheduling and arranging movement of DoD patients and authorized beneficiaries; establishing procedures regulating the evacuation of patients; and determining eligibility of others. ST 4.3.1 Provide for Movement Services within AOR. To move personnel, equipment, and supplies forward to sustain theater strategy, theater combatant commander's campaigns, and joint operations...This activity includes transportation mode operations, and movement management and control. OP 4.4.3.2 Manage Flow of Casualties in a Theater of Operation/JOA. To organize and control the flow of casualties within the JOA, and to coordinate the flow of patients to medical facilities within the command AOR for eventual intratheater evacuation. This task includes coordination activities between the TPMRC and the GPMRC. OP 4.5.1 Provide for Movement Services in Theater of Operations/JOA. To move personnel, equipment, and supplies to sustain campaigns and major operations and to provide transportation resources for moving the forces that execute those operations.
Activity Source: 1. TRADOC PAM 525-50 para 3.3 b 2. Joint Pub 4-02.2, Chap II, para 3b (pg II-7) and para 5b (pg II-10) 3. FM 8-55 para 4-5a
Activity Status: PUBLICATION

Activity Number: 1
Activity Name: Clear the Battlefield
Activity Definition: To identify, acquire, transport, provide en route treatment, and regulate casualties from the area of operations.
Activity Source: 1. TRADOC PAM 525-50 2. FM 8-10-6 para 1-3 3. Joint Pub 4-02.2, Chap I, para 2e (pg I-5)
Activity Status: PUBLICATION

Activity Number: 1.1
Activity Name: Acquire the Casualty
Activity Definition: To determine the location of a casualty, move to that point and prepare the casualty for movement.
Activity Source: 1. FM 8-10-6 paras 1-3 and 4-3b
Activity Status: PUBLICATION

Activity Number: 1.1.1

Activity Name: Find, Evaluate and Collect Casualties
Activity Definition: The medic maneuvers to the location of the injured or ill soldier, acquires and evaluates the casualty.
Activity Source: 1. FM 8-10-6 para 4-3b 2. Operational Requirements for the Warrior Medic System (Draft), para 4a.
Activity Status: PUBLICATION

Activity Number: 1.1.2
Activity Name: Administer EMT
Activity Definition: Emergency medical treatment required to return the soldier to duty or stabilize the patient for transport to a medical treatment facility.
Activity Note: The treatment function will be completely modeled in the Health Care Delivery Operational Architecture. See that architecture for a more depiction. It is included here to capture the origination of data into the evacuation architecture, and to account for those occasions in which a member of the ambulance team will ended initial aid to a casualty.
Activity Source: 1. FM 8-10-6 para 4-3b
Activity Status: PUBLICATION

Activity Number: 1.1.3
Activity Name: Append Medical Record
Activity Definition: Document the medical encounter and capture relevant physiological, exposure , personal and demographic data.
Activity Note: 1. Using information automatically captured from the soldier's physiological monitor, through voice activation or manual entry the medic will document the medical encounter and capture relevant exposure , personal and demographic data in the Personal Information Carrier Medical (PIC M). The PIC M will provide a locally available, digitized, queriable longitudinal service member health record updated at the point of provider encounter. The PIC M will contain personal identification and demographics; Soldier Readiness Processing information such as medical history, immunizations, medical profiles and medical problem list; personal exposure data; essential emergency medical data such as allergies, blood type, chronic illnesses; inpatient and outpatient diagnostic and treatment information. 2. The PIC (M) provides an alternative means to transport the soldier's electronic patient record when access to the theater medical information system is not possible. It will interface with TMIP and TRAC2ES. 3. Not all military casualties, nor non-combatant and EPW casualties have an electronic record. Therefore, this data will still be captured in a manual method on paper such as a Field Medical Card.
Activity Source: 1. MISO Information Paper Personal Information Carrier Medical (PIC M)
Activity Status: PUBLICATION

Activity Number: 1.1.4
Activity Name: Transmit Evacuation Request
Activity Definition: Prepare and issue to the appropriate evacuation element a request to pick-up and transport a casualty to the next level of care.
Activity Note: 1. Current doctrine contained in FM 8-10-6 indicates the determination to request medical evacuation and assignment of precedence is made by the senior military person present. This decision is based on the advice of the senior medical person at the scene, the patient's condition, and the tactical situation. 2. The MEDEVAC request must be sent by secure means.

Activity Source: 1. FM 8-10-6 paras 7-3, 7-8a 2. Joint Pub 4-02.2, Annex B, Appendix B, paras 4a,e and f 3. FBCB2 User Functional Description para 3.2.15
Activity Status: PUBLICATION

Activity Number: 1.2
Activity Name: Coordinate Medical Evacuation
Activity Definition: To arrange for the acquisition, movement, and disposition of a casualty to a point capable of an appropriate level of care.
Activity Source: 1. FM 8-10-6 para 6-1 and 6-2 2. Joint Pub 4-02.2, Chap II, para 3 (pp II-6 to II-7)
Activity Status: PUBLICATION

Activity Number: 1.2.1
Activity Name: Assess Evacuation Request & Clinical Factors
Activity Definition: The clinical and operation assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of appropriate level of care.
Activity Note: A clinical assessment by a qualified health care provider must be made before evacuating a patient . Certain conditions, such as infectious disease, may make the patient a hazard to the evacuation team, or the patient may have an injury or illness that requires special movement considerations. It's also necessary at this time to determine any special requirements and the operational context of the request before acting on the request. This activity is done at all levels; however, it is a more formal process at echelon 3 and above.
Activity Source: 1. FM 8-10-6 paras 4-10b and c, 6-2b and E-8 2. FM 8-10-26 para 4-4b 3. TRAC2ES Operational Requirements Document paras 4.1.3 and 4.3.2.1 4. TRAC2ES Concept of Operations para 1.3 (pg 4) 5. AR 40-535 paras 4d, 5 and 7 6. Joint Pub 4-02.2, Chap I, para 2c (pp I-5, I-9)
Activity Status: PUBLICATION

Activity Number: 1.2.2
Activity Name: Determine Patient Destination
Activity Definition: Coordination and designation of the medical treatment facility capable of an appropriate level of care and having the capacity to accept the patient.
Activity Note: Careful control of patient evacuation to an appropriate medical treatment facility is necessary to ensure an appropriate distribution of cases among available hospital resources and the required specialty treatment is provided for the patient. This activity is done at all levels; however, it is a more formal process at echelon 3 and above.
Activity Source: 1. FM 8-10-6 paras 4-1d(2), 6-2a, 6-3 and 6-8 2. Joint Pub 4-02.2, Chap I, para 2d (pp I-4 to I-5, I-9) 3. FM 8-10-26 para 4-14l
Activity Status: PUBLICATION

Activity Number: 1.2.3
Activity Name: Coordinate Transportation
Activity Definition: Coordination and designation of the most appropriate means of transporting a patient using dedicated, designated or opportune ground or air vehicles. The process may occur iteratively until the patient is delivered to a unit capable of an appropriate level of care.

Activity Source: 1. FM 8-10-6 paras 4-3d((3), 4-10c and 6-2b
Activity Status: PUBLICATION

Activity Number: 1.3
Activity Name: Transport the Patient
Activity Definition: To move the casualty to a point capable of an appropriate level of care.
Activity Source: 1. FM 8-10-6 para 1-3
Activity Status: PUBLICATION

Activity Number: 1.3.1
Activity Name: Maneuver to Casualty Location
Activity Source: 1. FM 8-10-6 2. FM 8-10-26
Activity Status: PUBLICATION

Activity Number: 1.3.2
Activity Name: Provide Enroute Care
Activity Definition: Application of medical care en-route to a point of transfer or medical treatment.
Activity Source: 1. FM 8-10-26 para 4-14i(4)
Activity Status: PUBLICATION

Activity Number: 1.3.3
Activity Name: Maneuver to Point of Transfer or Care
Activity Status: PUBLICATION

Activity Number: 1.3.4
Activity Name: Prepare for next mission
Activity Definition: Decontamination and preparation of the crew and vehicle for the next assigned mission.
Activity Note: This activity includes airfield services.
Activity Source: 1. FM 8-10-6 para 3-12b(3) 2. 5. ARTEP 8-449-30-MTP, Task 8-2-0350 para 5
Activity Status: PUBLICATION

Activity Number: 1.4
Activity Name: Account for Patient Movement Items
Activity Definition: To inventory, exchange and replace the medical equipment items involved with casualty movement.
Activity Note: 1. This activity accounts for the origination of information regarding PMIs at the point of use. 2. The working group deleted accounting for the patient's personal equipment and effects as this is not addressed until the patient enters the hospital system. 3. See Medical Logistics OA for more information. 4. The murder board requested equipment items be classified in 2 categories. Category I are high dollar equipment items that accompany patients through the system. Category II is equipment items that are embedded in and configure ambulances. Note: FM 8-10 made no distinction between the two categories.
Activity Source: 1. FM 8-10-6 para 4-4 2. Joint Pub 4-02.2, Chap I, para 2e (pp I-6 to I-8)
Activity Status: PUBLICATION

Activity Number: 2
Activity Name: Conduct Unit Operations
Activity Definition: To manage the medical resources and administrative processes providing effective and consistent flow of casualties from the area of operations.
Activity Source: 1.FM 8-10-6 paras 3-4f, 3-8b, 3-12a 2. FM 8-10-26 para 2-4 3. TRADOC PAM 525-50 para 3-2f and 3-3b 4. Joint Pub 4-02.2, Chap I, para 2e (pg I-5)
Activity Status: PUBLICATION

Activity Number: 2.1
Activity Name: Plan Operations
Activity Definition: Deliberate planning in response to the medical evacuation needs of the maneuvering unit or area of operations being supported.
Activity Source: 1. FM 8-10-6 paras 4-3 c (1), d (3) and (4)
Activity Status: PUBLICATION

Activity Number: 2.1.1
Activity Name: Assess Planning Factors & Mission Drivers
Activity Definition: The integration of all available command guidance and known planning factors to effect a medical evacuation plan synchronized with the plans of the supported units and units providing combat service support to the medical system.
Activity Note: 1. Planning patient evacuation involves considering all available forms of supply, transportation, communications and personnel to assure continuity of care across the operational continuum. 2. Synchronization of the medical evacuation plan is the arrangement of all activities to produce the maximum relative support at the decisive point of need. It relies on the reinforcing effects of the combat service support system.
Activity Source: 1. FM 8-55 para 4-6 2. FM 8-10-26 paras 3-2a(2), 4-4a and 4-5 3. FM 8-10-6 paras 3-4d, 4-1c, 4-3 and 4-5b and f
Activity Status: PUBLICATION

Activity Number: 2.1.2
Activity Name: Issue Tactical Orders
Activity Definition: Disseminate orders to subordinate units for execution.
Activity Source: 1. FM 8-10-6 para 3-4d 2. FM 8-10-26 para 4-4a 3. FBCB2 User Functional Description para 3.2.8
Activity Status: PUBLICATION

Activity Number: 2.1.3
Activity Name: Monitor Plan Execution
Activity Definition: The continuous assessment of unit operations in executing the tactical orders issued.
Activity Note: Execution of the plan requires close, continuous and effective interface between the Combat Health Service, the Combat Service Support system and the supported commander. The senior medical officer must continuously receive information from medical elements under his/her control or technical supervision to direct changes and modifications in existing plans according to the situation.

Activity Source: 1. FM 8-55 paras 2-27 and 2-28 2. FM 8-10-26 paras 3-3b(1)(a) and A-5b
Activity Status: PUBLICATION

Activity Number: 2.2
Activity Name: Employ Operational Elements
Activity Definition: The deployment and redeployment of evacuation operational elements in support of Combat Health Support tactical plans and METT-T factors.
Activity Source: 1. FM 8-10-26 para 2-4
Activity Status: PUBLICATION

Activity Number: 2.2.1
Activity Name: Assess Mission Requests & Tactical Situation
Activity Definition: The integration of all available command guidance and known planning factors to execute a medical evacuation mission synchronized with the activities of the supported units and units providing combat service support to the medical system.
Activity Source: 1. FM 8-10-6 paras 3-8c, 3-9d, 4-3c(2), 4-3d(3)(c), 4-10f, 4-10h 2. FM 8-10-26 paras 3-2f, 3-2h(3), 3-3a(1), 4-6c, and 4-7a(3)
Activity Status: PUBLICATION

Activity Number: 2.2.2
Activity Name: Employ Units
Activity Definition: The employment of units to execute a specific mission.
Activity Source: 1. FM 8-10-6 paras 3-8c and 3-12b((2)(b) 2. See references for evacuation platoon/section arrow
Activity Status: PUBLICATION

Activity Number: 2.2.3
Activity Name: Monitor Mission Execution
Activity Definition: Monitoring of changes in the tactical situation as the mission is executed.
Activity Source: 1. FM 8-10-6 paras 4-3c(2) and 4-3d(3)(c)
Activity Status: PUBLICATION

Activity Number: 2.3
Activity Name: Support Evacuation Elements
Activity Definition: Provision of logistical, administrative, security, communication and personnel support for subordinate units.
Activity Source: 1. FM 8-10-6 paras 3-8 and 3-12a
Activity Status: PUBLICATION

Activity Number: 2.3.1
Activity Name: Administer Logistics
Activity Definition: The planning and execution of activities that acquire, move, distribute, store, maintain and dispose of materiel and acquire and furnish services.
Activity Note: This activity is performed by the S4 of the MEDEVAC Battalion and the Company Headquarters of the Ground Ambulance Company and Air Ambulance Company.
Activity Source: 1. FM 8-10-6 paras 3-4e, 3-8b and 3-12a 2. FM 8-10-26 para 3-2h(1)

Activity Status: PUBLICATION

Activity Number: 2.3.2
Activity Name: Administer Personnel
Activity Definition: Supervisory and administrative functions regarding the personnel assigned to the operational element or unit.
Activity Note: Duties include assignment management, promotions, casualty reporting, replacement operations. This activity is performed by the S2/S3 of the MEDEVAC Battalion, the Flight Operations Section of the Air Ambulance Company and the Company Headquarters of the Ground Ambulance Company.
Activity Source: 1. FM 8-10-6 paras 3-3c, 3-4c, 3-8b, and 3-12a and b(2)(a) 2. FM 8-10-26 paras 3-2b(1)(b) and h(2), and 3-2d
Activity Status: PUBLICATION

Activity Number: 2.3.3
Activity Name: Provide Administrative Support
Activity Definition: Execution of administrative functions for the operational element.
Activity Note: Duties include preparation of reports, maintenance of unit records, and distribution of correspondence.
Activity Source: 1. FM 8-10-6 paras 3-4c, 3-8b and 3-12a 2. FM 8-10-26 paras 3-2b and h(3)
Activity Status: PUBLICATION

Activity Number: 2.3.4
Activity Name: Protect the Force
Activity Definition: Planning and implementation of measures to protect unit's potential to conduct its assigned mission at the appropriate time and place by protecting itself from the effects of (or recovery from) enemy activities.
Activity Note: 1. These measures include the following: Protect Against Enemy Hazards within the Area of Operations, Conduct Local Security Operations, and Conduct Defensive Information Security Operations. 2. This activity is performed by the S2/S3 of the MEDEVAC Battalion, the Flight Operations Section of the Air Ambulance Company and the Company Headquarters of the Ground Ambulance Company.
Activity Source: 1. FM 8-10-6 paras 3-4d and 12-5e(2) 2. FM 8-10-26 para 3-2d
Activity Status: PUBLICATION

Activity Number: 2.3.5
Activity Name: Provide Communications Support
Activity Definition: Operation and maintenance of a continuously available communication capability in compliance with command communication security directives.
Activity Note: This activity is performed by the S2/S3 of the MEDEVAC Battalion, the Flight Operations Section of the Air Ambulance Company and the Company Headquarters of the Ground Ambulance Company.
Activity Source: 1. FM 8-10-6 paras 3-4d, 3-8b, 3-12b(2)(a) 2. FM 8-10-26 para 5-7
Activity Status: PUBLICATION

Activity Number: 3

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Activity Name: Maintain the Evacuation Fleet
Activity Definition: All the actions necessary to retain or restore an evacuation platform to a specified condition.
Activity Note: This includes inspection, testing, servicing, classifying as to serviceability, repairing and recovering. It also includes initial maintenance supply actions.
Activity Source: 1. FM 8-10-6, paras 3-8, 3-11 and 3-12c 2. FM 8-10-26, paras 2-2, b (4) and 5-10
Activity Status: PUBLICATION

Activity Number: 3.1
Activity Name: Administer Maintenance Support
Activity Definition: Coordinate supporting intermediate maintenance for additional maintenance of organic vehicles, aircraft and avionics equipment.
Activity Note: The Medical Evacuation Battalion S4 and the aircraft unit maintenance platoon headquarters perform this activity.
Activity Source: 1. FM 8-10-6 paras 3-3b, 3-4e, and 3-12c(1) 2. FM 8-10-26 para 3-2e 3. ARTEP 8-279-30-MTP Task 8-2-015CT
Activity Status: PUBLICATION

Activity Number: 3.2
Activity Name: Perform Unit-level Maintenance
Activity Definition: Preventive maintenance or maintenance repair capable of being performed by the operational element's organic maintenance function.
Activity Note: 1. The Medical Company, Ground Ambulance performs unit-level maintenance on all organic vehicles. 2. The Medical Company, Air Ambulance performs unit-level maintenance on all organic vehicles or aircraft, organizational maintenance on all organic avionics equipment, and on all organic equipment less medical.
Activity Source: 1. FM 8-10-6 paras 3-8c(2), d(2), 3-11b and 3-12c 2. FM 8-10-26 paras 3-2c and e
Activity Status: PUBLICATION

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Medical Evacuation in a Theater of Operations

Activity Number: 3.3
Activity Name: Perform Contact Maintenance
Activity Definition: Repairs or assistance provided at the site of a disabled aircraft.
Activity Source: BOI Narrative Review BOIP H1422AA
Activity Status: PUBLICATION

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Arrow Name: A2C2 Overlay
Arrow Definition: A generic name for graphically oriented information that depicts the airspace situation.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 4-3d(3)(c) 2. FM 8-10-26 paras 3-3a(1), 4-6c, and 4-7a(3), (6) Notes: 1. This model depicts dynamic changes to the airspace as a planning factor. Currently this information is static and is contained in the A2C2 plan, an annex to the OPLAN. In 2010, the operations section/platoon will receive this information from the relevant A2C2 element in digital format via the Aviation Mission Planning System (AMPS). They will in turn use the information to rapidly update and file a digital flight plan, which will be loaded on the aircraft computer. 2. The perishability of this information will depend on the location of the unit on the battlefield. Far forward, the data will have an operational usefulness of short duration, while in the rear, airspace information will be more static. 3. See also Mission Plans and Tactical Overlays.

Arrow Name: A2C2 Plan
Arrow Definition: The Army Airspace Command and Control plan coordinates the efficient employment of airspace users to accomplish the ground commander's mission.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 4-3 2. FM 8-10-26, paras 4-5a, 4-7a(3),(6) and B-8 3. FM 8-55 paras 2-6 and 2-7 Note: 1. The A2C2 plan is prepared by the aviation element as an annex to the appropriate command-level OPLAN/OPORD. All air ambulance operations must be planned within the constraints of the A2C2 plan. Information includes the Air Tasking Order (ATO), Airspace Control Order (AC), and Special Instructions (SPIN). 2. The A2C2 system consist of four functional areas: C2, fire support coordination, air defense and air traffic control. 3. See notes for A2C2 Overlay.

Arrow Name: Acquired Casualty
Arrow Definition: A casualty that has been located and acquired by the relevant treatment provider.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 4-3b Notes: 1. See Casualty arrow.

Arrow Name: Agreements
Arrow Definition: Agreements with host nations, nongovernment organizations, other services (Interservice Agreements), NATO forces, or United Nations that may impact on operations.
Arrow Status: PUBLICATION
Arrow Note: References: 1. TRADOC Pam 525-50, para 2-4b 2. FM 8-10-26, paras 3-4a, 4-4d(6) 3. FM 8-55 paras 5-17 and 5-18

Arrow Name: Ambulance Team
Arrow Definition: The ambulance team is the crew of either a ground or air ambulance depending on the tactical situation and location of the casualty on the battlefield.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. FM 8-10-6 paras 2-1b and 2-2 2. FM 8-10-26 para 2-4d(3) Notes: 1. Team composition varies depending on the evacuation platform and mission. The ambulance team

is essentially a mobile combat medic team whose principle function is to collect and treat the sick and injured and to safely evacuate them.

Arrow Name: Ambulances Available
Arrow Definition: Air or ground ambulance units available to the patient movement system supporting that particular level of health care.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. FM 8-10-6 paras 4-3d(3)(a) and 4-3d(4) 2. TRAC2ES Concept of Operations paras 2.3 and 4.2.1 3. CSSCS Software Requirements Specification Version 4 para 3.1.1

Arrow Name: AVUM Plt
Arrow Definition: Aviation Unit Maintenance Platoon
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 3-12c 2. FM 8-10-26 para 3-2e

Arrow Name: Beds Available
Arrow Definition: Beds available to the patient movement system supporting that particular level of health care.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. FM 8-10-6 paras 6-3e and 6-6 2. TRAC2ES Concept of Operations paras 2.3, 4.2.1 and 4.2.2 3. FM 8-55 paras 4-14b and 4-16a and c(3)(b) 4. CSSCS Software Requirements Specification Version 4 paras 3.2.1 and 3.2.2 Notes: 1. These reports provide the MROs (or equivalent) information that guides regulation of patients. The reports provided by the MTFs' Patient Administration and Discharge section include not only bed availability, but information on the medical resources, supporting staff and surgical backlogs at subordinate hospitals. 2. The murder board felt the MRO focus should expand from just hospitals to real-time medical regulating about divisional patients. MROs should provide information to Levels I and II on where patients should be routed.

Arrow Name: Call for Fire
Arrow Definition: Request for fire support to suppress enemy activity.
Arrow Status: PUBLICATION
Arrow Note: References: 1. ARTEP 8-279-30-MTP, Task 8-2-R322-CT, para 6c

Arrow Name: Call for Support
Arrow Definition: Request for combat support and combat service support.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 3-8b 2. FM 8-10-26 para 2-3 3. FBCB2 User Functional Description para 3.2.18.6.1 Notes: 1. The CFS includes support for mortuary affairs, finance, religious, military police, maintenance, supply, transportation, and other combat support and combat service support.

Arrow Name: Casualty

Arrow Definition: Any person who is lost to the unit by reason of having been declared dead, wounded, injured, diseased, interned, captured, retained, missing, missing in action, beleaguered, besieged or detained.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. FM 8-55 para 3-2 2. Joint Pub 4-02.2, Part II (pg GL-3) Notes: 1. This model deals only with casualties for reasons of death, wounded, injured, or diseased.

Arrow Name: Casualty (DOW)
Arrow Definition: A soldier who dies as a result of his/her wounds or illness while in the combat health system or en route to a unit of the combat health system.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-55 para 3-3b Notes: 1. See Casualty arrow.

Arrow Name: Casualty Feeder Reports
Arrow Definition: Consolidated reports of unit casualties inflicted by enemy action, injury or illness.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 12-5c(1) 2. ARTEP 8-279-30-MTP, Task 8-2-1015 CT, para 1 Notes: 1. Currently submitted on DA Form 1156.

Arrow Name: Casualty Rates
Arrow Definition: Casualties expressed in number per thousand per day expected from operations.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-55

Arrow Name: CHS Resources
Arrow Definition: The personnel, equipment, supplies, vehicles and other resources other than IM and IT supporting combat health services.
Arrow Status: PUBLICATION

Arrow Name: Class VIII/Blood Movement Request
Arrow Definition: Resupply of Class VIII supplies to combat units.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6, paras 4-3c(5) and 4-3d(3) 2. FM 8-10-26, para 407(7) and (9) Notes: 1. A specific duty of the ground ambulance team is to resupply combat medics. The external capabilities of aeromedical evacuation helicopters provide the capability to rapidly resupply Class VII supplies to combat units. 2. The air ambulance company has the capability to transport external and internal loads of Class VIII supplies as required and is prepared to tranin ground medical units on their procedures for sling-load operations. 3. The murder board determined the primary mission of the evacuation system is patient transport to include enroute care. Medical re-supply (Class VIII_ is a secondary mission of the evacuation system.

Arrow Name: Clinical Coordinator
Arrow Definition: A medically qualified person who validates transportation of the patient will not exacerbate his/her condition.
Arrow Status: PUBLICATION

Arrow Note: References: 1. FM 8-10-6 paras 6-6, 6-8, and E-8 2. AR 40-535 para 4 3. Joint Pub 4-02.2, Chap I, para 2e (pg I-9) 4. TRAC2ES Concept of Operations para 4.3.1

Arrow Name: Combat Medic
Arrow Definition: This is the first individual in the CHS chain who makes medically substantiated decisions based on medical training.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10 paras 3-6c(1)(c) and 3-12a Notes: 1. Combat Medical care entails the performance of emergency or lifesaving measures and arrangement for evacuation by air or ground as appropriate.

Arrow Name: Command Guidance
Arrow Definition: Command guidance includes the doctrine, policy, procedures, plans and standards issued by higher command to subordinate units to guide and control the military health system. This includes such things as policies, field manuals, TTPs, SOPs, concepts of operations, operational plans, and orders.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. FM 8-55 para 2-6 2. FM 8-10-26, para 4-4a&c 3. Military Health Services System Functional Area Model - Activity Report, Ver 6, pg D-15.

Arrow Name: Command Surgeon
Arrow Definition: The senior medical officer and staff at various levels of command.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 4-3d(3), 4-10c and 6-4a and b 2. FM 8-10-26 para 4-14l(4) Notes: 1. Within their area of responsibility, surgeons at various levels of command monitor requests and recommend priorities for patient evacuation.

Arrow Name: Command Surgeon Section
Arrow Definition: The senior medical officer and staff at various levels of command.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 4-3d(3), 4-10c and 6-4a and b 2. FM 8-10-26 paras 4-5a and 4-14l(4) Notes: 1. Within their area of responsibility, surgeons at various levels of command monitor requests and recommend priorities for patient evacuation. 2. Command surgeon sections provide the necessary planning information to their appropriate level of command for inclusion as medical annexes to those plans and orders.

Arrow Name: Commander's Intent
Arrow Definition: The tactical commander's plan of employment and scheme of maneuver.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 4-3 2. FM 8-10-26, paras 4-4c and 4-15b(3) 3. FM 8-55 para 2-7 4. CSSCS Software Requirements Specification Ver 4.0 para 3.1 Note: 1. The commander's intent and mission assigned to the combat forces must be the basic consideration of all components planning for combat health support. 2. This includes the rules of engagement prescribed by the commander.

Arrow Name: Communication Security Codes

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Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 para A-5d(4)(c)2

Arrow Name: Company Commander & Staff
Arrow Definition: The company commander and staff of various medical units.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 4-3d(3), 4-10c and 6-4a and b 2. FM 8-10-26 para 3-2a(2), 3-2h(3), 4-5a, 4-7a(1) Notes: 1. Within his/her area of responsibility, the company commander analyzes the assigned mission, defines the requirements of the company and directs the mission execution. 2. The company commander relies on the company staff and appropriate staff of supported or supporting units to successfully execute the assigned mission.

Arrow Name: Confirmed Evacuation Request
Arrow Definition: A MER or PMR that has undergone the clinical and operational assessment of the factors that will impact on the safe transportation and ultimate treatment of the casualty at a unit capable of the appropriate level of care.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 4-10b, c and h, 6-2b, 7-8b and E-8 2. FM 8-10-26 para 4-4b 3. TRAC2ES Operational Requirements Document paras 4.1.3 and 4.3.2.1 4. TRAC2ES Concept of Operations para 1.3 (pg 4) 5. AR 40-535 paras 4d, 5 and 7 6. Joint Pub 4-02.2, Chap I, para 2c (pp I-5, I-9) and Annex B, App B para 1.1.4 7. FM 8-55 para 4-7b Notes: 1. See notes for Denied Evacuation Request and Patient Transfer Notification. 2. TRAC2ES provides feedback to the requestor in the form of a bed-lift plan. At brigade and below FBCB2 will provide positive feedback loop.

Arrow Name: Contact Team
Arrow Definition: They deploy to the site of a disabled aircraft and make repairs or assist crew/unit repairer to allow the aircraft to continue its mission or to recover to base.
Arrow Status: PUBLICATION
Arrow Note: References: 1. BOI Narrative Review BOIP H1422AA

Arrow Name: Crew Registration Report
Arrow Definition: Report indicating the assignment of personnel to a specific unit reference number and the social security numbers of the personnel operating the system.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FBCB2 User Functional Description para 3.2.18.3.2.1 2. TMIP Capstone Requirements Document para 4.2.1 Notes:

Arrow Name: Daily Flight Log
Arrow Definition: Record of a medical evacuation dispatch made at the time of departure.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 para A-5d(3)(c)5 Notes: 1. The flight log data consists of the aircraft number, aircraft crew members, estimated time of departure,, estimated time of return, actual time of departure and mission. Flight hours are used by the operations section to indicate when the aircraft should be turned into maintenance for scheduled preventive maintenance.

Arrow Name: Denied Evacuation Request
Arrow Definition: A MER or PMR that has been denied due to operational or clinical factors.
Arrow Status: PUBLICATION
Arrow Note: References: 1. TRAC2ES Operational Requirements Document para 4.3.2.2 2. AR 40-535 paras 4d, 5 and 7 3. Joint Pub 4-02.2, Chap I, para 2c (pp I-5, I-9) 4. FM 8-55 para 4-7b Notes: 1. This output is implied by the references for activity 1.2.1. The operational setting may not allow safe insertion of an evacuation platform, resources may be unavailable, the patient may have a clinical state that would endanger him/her if moved or there may no available beds. 2. See notes for Confirmed Evacuation Request.

Arrow Name: Distress Call
Arrow Definition: A request for medical intervention from a maneuvering unit.
Arrow Status: PUBLICATION
Arrow Note: References: 1. Operational Requirement Document for the Warrior Medic System (draft) paras 4a(6) and (7)

Arrow Name: En Route Clinical Information
Arrow Definition: Information regarding the history, diagnosis, condition, and treatment of a patient en-route to a medical treatment facility.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. AMEDD After Next Wargame '98 Initial Impressions Report (pg 7) 2. TRAC2ES Concept of Operations para 4.5.1 3. TMIP Capstone Requirements Document para 4.2.2 Notes: Interface with TRAC2ES and with hospitalization/treatment OA.

Arrow Name: En Route Unit Information
Arrow Definition: Information from a unit in transit to its corresponding command function.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FBCB2 User Functional Description para 3.2.2 2. Movement Tracking System Operational Requirements Document para 1c(5) Notes: 1. Information includes friendly unit identification, position, azimuth and estimated time of arrival at designated destination point.

Arrow Name: ETA
Arrow Definition: The estimated time of arrival at the designated point of transfer or care.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 4-10h

Arrow Name: Evacuation Clinical Factors
Arrow Definition: Clinical data for the patient to be evacuated that can have a bearing on the movement of the patient. For example, flight altitude restrictions due to the nature of injuries.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. AR 40-535 paras 4d, 5 and 7 2. FM 8-10-26 para 4-4b 3. FM 8-10-6 para E-8 4. Joint Pub 4-02.2, Chap I, para 2c (pp I-5, I-9) Notes: 1. This is currently captured by DMRIS at echelon 3 or above, or is done in an ad hoc fashion via voice communication between the flight medic and the receiving medical treatment facility below echelon 3. 2. TRAC2ES is addressing the requirement at the echelon 3 and higher. Below this echelon, the working group did

believe this is an operational requirement as the on-scene medical provider is in a better position to determine the needs of the patient and the need is met by the Medical Knowledge arrow. 3. See Medical Knowledge for more information.

Arrow Name: Evacuation Crew Readiness Reports
Arrow Definition: Information regarding the readiness of ground or air ambulance crews to support a specific mission.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 para 5-2a

Arrow Name: Evacuation Platform Readiness Reports
Arrow Definition: Information regarding the readiness of ground or air evacuation platforms to support a specific mission.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 paras A-5d(1)(e) and (h)

Arrow Name: Evacuation Precedence
Arrow Definition: Evacuation precedence is a classification applied to a patient to determine priority and urgency for evacuation.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 4-1d(2) and 7-3 2. AR 40-535 para 8b 3. Joint Pub 4-02.2, Chap 1 para 2b (pg I-3) Notes: 1. Patients are evacuated by the most expeditious means of evacuation based on their medical condition and evacuation precedence. The assignment of a precedence is made by the senior military person present based on the advice of the senior medical person at the scene and the tactical situation. Precedence may change as the patient proceeds through the medical system.

Arrow Name: Evacuation Section/Platoon
Arrow Definition: A section or platoon of a medical unit that executes medical evacuation missions.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 paras 2-4d, 3-2d, 3-2f, 3-3b(1) and 4-6c 2. FM 8-10-6 paras 4-10d(2)

Arrow Name: Flight Plan
Arrow Definition: Information delineating an air crew's plan to execute a mission for the purpose of acquiring the requisite flight clearance from the appropriate A2C2 element.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 4-10d(2) 2. FM 8-10-26 paras 3-3a(1) and b(1)(c), 4-7a(3) and (6), and A-5d(3)(d)3-4 and (5)(c)1. 3. Aeromedical Evacuation Officer Course Notes: 1. The Operations section/ platoon submits flight plans using a DD Form 175 to the appropriate A2C2 element based on the A2C2 plan contained as an annex to the OPLAN/OPORD. The Aviation Mission Planning System will automate this process. 2. See also A2C2 Plan, A2C2 Overlay, and Tactical Overlay for more information.

Arrow Name: Flight Records

Arrow Definition: Records of rated and non-rated crew members as proof of flight experience.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 para 5-5 Notes: 1. Flight records are currently maintained on DA Form 3513 and carried by the individual. 2. Automated flight records are a planned function of the 7-59 automated information system.

Arrow Name: IM/IT
Arrow Definition: The information technologies and automated information systems that will be integrated into all echelons of CHS. The technologies will include enhanced monitoring of the soldier on the battlefield, audio and visual mentoring of medical staff on the battlefield, teleconsultation between the different echelons of care, enhanced en route care, the use of evacuation capsules and telesurgery.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. TRADOC PAM 525-50

Arrow Name: Intelligence Information
Arrow Definition: Raw intelligence regarding enemy operations and situation obtained by subordinate units during the execution of their mission.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-8 2. ARTEP 8-437-30-MTP Task 8-2-0319 paras 5d and 8d

Arrow Name: Intelligence Reports
Arrow Definition: A description of enemy activity or situation resulting from the collection, evaluation, analysis and interpretation of intelligence information reported by subordinate units.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FBCB2 User Functional Description paras 3.2.5.4

Arrow Name: Intermediate Maintenance Request
Arrow Definition: Intermediate Maintenance Request
Arrow Status: PUBLICATION
Arrow Note: References: See references for Activity 3.1.

Arrow Name: IPB
Arrow Definition: Intelligence Preparation of the Battlefield
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-55 para 2-11 2. FM 8-10-8 3. FM 8-10-26 para 4-4d(2) 4. FBCB2 User Functional Description para 3.2.3 5. CSSCS Software Requirements Specification Ver 4.0 para 3.1 Notes: 1. Commanders must know as much as possible about the enemy and situation in which their units will be operating. The current IPB products for FBCB2 include templates and analyses addressing the following: (1) enemy doctrine and situational understanding; (2) terrain analyses and overlays; (3) avenues of approach; (4) weather analyses and forecasts.

Arrow Name: LOGSITREP
Arrow Definition: Logistics Situation Report: This information reports the status of class I, III, IV, V, VII, and VIII materiel to logistic planners and executors to ensure sufficient resources are on hand to accomplish the commander's intent.

OV-5 ACTIVITY ARROW REPORT

Medical Evacuation in a Theater of Operations

Arrow Status: PUBLICATION
Arrow Note: References: 1. FBCB2 User Functional Description para 3.2.18.3.1 2. FM 8-10-6 3. FM 8-10-26 3. ARTEP 8-449-30-MTP, Task 10-2-C320, para 2f Notes: 1. This information reflects material information at the assemblage level. 2. At brigade and below, this information will be entered through FBCB2 and integrated into CSSCS. At division and higher, this information will be entered through DMLSS. Requisite data for CSSCS, GCSS-A will be extracted automatically from this system. 3. See notes on MEDLOGSITREP, Supply Requisitions and Material Condition Status Reports.

Arrow Name: Maintenance Advisories
Arrow Definition: Reports on the status of work in progress for consolidation in reports to higher headquarters.
Arrow Status: PUBLICATION
Arrow Note: References: 1. ARTEP 8-279-30-MTP, Task 8-2-9003-AA, para 1g

Arrow Name: Maintenance Req
Arrow Definition: Request for correction of malfunction, or battle damage repair of equipment used by the unit.
Arrow Status: PUBLICATION
Arrow Note: References: 1. ARTEP 8-456-30-MTP Task 8-2-0319 SC para 4b 2. ARTEP 8-437-30-MTP Task 8-2-0319 para 4b

Arrow Name: Maintenance Schedules
Arrow Definition: Schedules for routine preventive maintenance checks and the routine repair or replacement of components, or battle damaged equipment.
Arrow Status: PUBLICATION
Arrow Note: References: 1. AUTL: ART 4.2

Arrow Name: Material Condition Status Reports
Arrow Definition: Reports of lost, damaged or destroyed non-expendable equipment.
Arrow Status: PUBLICATION
Arrow Note: References: 1. 2. ARTEP 8-449-30-MTP Task 10-2-C320 para 2f Notes: 1. This report seems to have been subsumed by the LOGSITREP and MEDLOGSITREP. See those arrows for further information. 2. Units not having FBCB2 will still need to submit these reports.

Arrow Name: MEDEVAC Bn
Arrow Definition: The Medical Evacuation Battalion tactically controls subordinate air and ground ambulance companies/detachments in the theater of operations.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 3-3, 3-4d, 4-10h 2. FM 8-10-26 para 4-6c(1)

Arrow Name: MEDEVAC Mission Request
Arrow Definition: A request made to a medical evacuation operational element for the purpose of transporting a patient from one point to another made.
Arrow Status: PUBLICATION

Arrow Note: References: 1. FM 8-10-6 paras 4-10c, f, g and j(1)(a) and 7-9. 2. FM 8-10-26 para 4-5d(3)(c)(1) Notes: 1. Depending on the location in the theater the MEDEVAC request may also serve as the MEDEVAC Mission Request. However, the same sequence of activities would occur. 2. Intermediate headquarters or units monitor transmissions of these information exchanges to ensure they are received and acted on. Therefore, they should be secondary recipients of all such information exchanges.

Arrow Name: MEDEVAC Request
Arrow Definition: A request to the patient movement system to transport the patient to a more appropriate point of care.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6, paras 4-10c, 7-1, 7-5a and 7-9 2. FBCB2 User Functional Description para 3.2.15 3. AMEDD After Next Wargame '98 Initial Impressions Report (pg 7) Notes: 1. The determination to request medical evacuation and assignment of a precedence is made by the senior military person present. This decision is based on the advice of the senior medical person at the scene, the patient's condition, and the tactical situation. 2. Depending on the location in the theater the MEDEVAC request may also serve as the MEDEVAC Mission Request. However, the same sequence of activities would occur in some fashion. 3. Intermediate headquarters or units should monitor transmissions of these information exchanges to ensure they are received and acted on.

Arrow Name: MEDEVAC Support Requirements
Arrow Definition: A request for additional evacuation assets to meet the assigned mission.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 4-10h 2. FM 8-55 para 4-7d 3. ARTEP 8-279-30-MTP, Task 8-2-9002 AA para 1j Notes: 1. When evacuation requirements exceed the organic capabilities of the operational element, the support becomes the responsibility of the MEDEVAC Battalion supporting that area. 2. Need to determine if this information exchange will Interface with GCSS-A, DMLSS, DMHRS, CSSCS.

Arrow Name: Medical History
Arrow Definition: Longitudinal record of the recorded medical events and significant medical information for the individual.
Arrow Status: PUBLICATION
Arrow Note: References: 1. Personal Information Carrier Medical Information Paper 2. AMEDD After Next Wargame '98 Initial Impressions Report (pg 7) 3. TMIP Capstone Requirements Document para 4.2.4

Arrow Name: Medical Intelligence
Arrow Definition: Medical intelligence is the product resulting from the collection, evaluation, analysis and interpretation of foreign medical, biotechnical and environmental information.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10 para 3-4 2. FM 8-55 para 2-11c 3. FM 8-10-6 para 4-3a 4. CSSCS Software Requirements Specification Ver 4.0 para 3.1 5. TMIP Capstone Requirements Document para 4.2.4 Notes: Medical intelligence includes information on (1) endemic and epidemic diseases, public health standards, and the quality and availability of health services; (2)

environmental conditions; (3) foreign animal and plant diseases especially those transmissible to humans; (4) condition of local food supplies; (5) medical effects of and prophylaxis for chemical, nuclear and biological agents; (6) the human vulnerability to newly developed foreign weapons; and (7) the capabilities of the CHS to counter these medical threats.

Arrow Name: Medical Knowledge
Arrow Definition: Situationally relevant medical information required by medical personnel in the delivery of health care to a patient. This may be provided either in the form of medical references, protocols, guidelines or communication with or mentoring by qualified clinicians.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. Military Health Services System Functional Area Model - Activity Report, Ver 6.

Arrow Name: Medical References
Arrow Definition: Reference medical material to guide triage and treatment.
Arrow Status: PUBLICATION
Arrow Note: References: 1. Operational Requirements Document for the Warrior Medic System para 4a(12) Notes: 1. An example is Micromedix.

Arrow Name: MEDLOGSITREP
Arrow Definition: Medical Logistics Situation Report: This information reports the status of selected class VIII materiel to medical logistic planners and executors to ensure sufficient medical resources are on hand to accomplish the commander's intent.
Arrow Status: PUBLICATION
Arrow Note: References: 1. TMIP Capstone Requirements Document para 4.2.3 Notes: 1. This information reflects Class VIII material information at the item level. 2. At brigade and below, this information will be entered through FBCB2 and integrated into CSSCS. At division and higher, this information will be entered through DMLSS. Requisite data for CSSCS or GCSS-A will be extracted automatically from this system. 3. See notes on LOGSITREP, Supply Requisitions and Material Condition Status Reports.

Arrow Name: MEDSITREP
Arrow Definition: Medical Situation Report: This informs medical planners and executors of the current operational status of the assets assigned to the operational element.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FBCB2 User Functional Description para 3.2.18.3.4 2. TMIP Capstone Requirements Document para 4.2.1 Notes: 1. The MEDSITREP as described in the FBCB2 references contains the date/time group, current location, proposed next location and estimated time of arrival, patients by WIA, DNBI, dental and combat stress categories, number of patients returned to duty, evacuated or held, number of patients awaiting evacuation by priority, Class VIII status, number of ambulances on hand and mission capable, number of blood units on hand and expected demand for next 24 hours, estimate of current operations and for next 24 hours, and critical shortages of personnel and equipment. Some of this information will not pertain to all medical operational elements and should be provided as appropriate.

Arrow Name: METT-TC Factors

Arrow Definition: The planning factors related to mission, enemy, terrain and weather, troops, time available and civilian considerations.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-55 para 2-15 2. FM 8-10-6 para 4-1d(2) and e 3. FM 8-10-26 para 4-4d Notes: 1. METT-TC provide the comprehensive framework for all factors that should be considered in planning and employment. 2. METT-TC factors are time-sensitive. That is a strategic, operational, and tactical planner will each have a different time perspective for METT-TC.

Arrow Name: Mileage Logs
Arrow Definition: Mileage logs track the miles traveled by vehicles assigned to the unit.
Arrow Status: PUBLICATION
Arrow Note: References: 1. ARTEP 8-449-30-MTP, Task 8-2-R322 Notes: 1. Mileage logs are used by the operations section to indicate when the vehicle should be turned into maintenance for scheduled preventive maintenance. 2. Vehicle mileage will be available through the Unit Level Logistics System (ULLS).

Arrow Name: Mission Advisories
Arrow Definition: Reports on the status of mission execution and changes in the tactical situation as the mission progresses.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 4-3c(2) and 4-10j(1)(a)

Arrow Name: Mission Back Brief
Arrow Definition: Regularly scheduled meeting and reports used to monitor the effectiveness and efficiency of operations, unusual occurrences and unit readiness.
Arrow Status: PUBLICATION
Arrow Note: References: 1. 8-10-6 para G-1 2. 8-10-26 paras A-5b and g(4) 3. ARTEP 8-456-30-MTP Task 8-2-0319 SC para 4c 4. ARTEP 8-437-30-MTP Task 8-2-0319 para 4c 5. ARTEP 8-449-30-MTP, Task 8-2-0350 para 5c Notes: 1. Unit situation reports as defined by this arrow are mission specific as opposed to the status of the entire operational element. The overall status of the operational element is addressed by the arrow "Operational Capabilities". 2. The report includes the current operational readiness of the platform and crew, disposal of patients, threats encountered and other intelligence.

Arrow Name: Mission Plan
Arrow Definition: The mission plan consists of all relevant information required by the unit assigned to accomplish the mission.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 4-3a, 4-3c, 4-3d(3)(c), 4-5f, 4-6d, 4-10d(2), 4-10d(3)(b), 4-10j(1)(a) 2. FM 8-10-26 paras 4-7a(3) and 4-7a(6) Notes: 1. The required information content of the mission plan differs depending on the chosen evacuation platform, but there is some overlap. For example, common to both ground and air ambulances is anticipated patient load, locations of medical treatment facilities, ambulance exchange points and patient collecting points, radio frequencies and call signs, and main supply routes. The ground ambulance is also provided with tactical overlays (see Tactical Overlay). Air ambulances need A2C2 Overlays

(see A2C2 Overlay), SAAFRS, air control points, communication check points, special instructions (SPINS), air tasking orders (ATO) air control orders (ACO) (eee A2C2 Plan), NAVAIDS, weather (see Weather Updates), threats (see Threats), restricted operations zones (ROZ), refueling points and special lift instructions. 2. See also A2C2 Overlays and Tactical Overlays.

Arrow Name: Mission Tasking
Arrow Definition: A mission plan specifically assigned to a unit for execution.
Arrow Status: PUBLICATION
Arrow Note: References: 1. See Mission Plan Notes: 1. See Mission Plan

Arrow Name: MRO or equivalent
Arrow Definition: The medical regulating officer or patient administration function.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 4-1d(1), 4-3d(3), 6-3d and e, 6-4a, 6-5 2. FM 8-10-26 para 3-4b(4) 3. FM 8-55 paras 4-14a(2), 4-15 and 4-16c(3) Notes: 1. Medical regulating from the division area is accomplished by the division surgeon's section.

Arrow Name: NBC Report
Arrow Definition: Nuclear, Biological, Chemical Report: Provide higher command notification of NBC activity.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FBCB2 User Functional Description para 3.2.13 Notes: 1. FBCB2 describes five formats each describing different phases of NBC attack.

Arrow Name: Non-operational Platforms and Equipment
Arrow Definition: Equipment and evacuation platforms that exceed the capability of unit maintenance to return to operational status.
Arrow Status: PUBLICATION
Arrow Note: References: 1. ARTEP 8-449-30-MTP, Task 8-2-R322

Arrow Name: On-line Techical Manuals
Arrow Definition: Digitized versions of technical manuals available at the point of need.
Arrow Status: PUBLICATION
Arrow Note: References: 1. ARTEP 8-449-30-MTP, Task 8-2-R322

Arrow Name: Operational Capabilities
Arrow Definition: The overall operational status of employed units in regards to placement, personnel, transportation, materiel, security and other information the unit commander deems appropriate.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10 para 3-13 2. FM 8-55 paras 2-27 and 2-28 3. FM 8-10-26 paras 4-4d(1) and A-5b(1) 4. CSSCS SRS Ver 4.0 paras 1.2 and 3.1 5. TMIP Capstone Requirements Document para 4.2.1

Arrow Name: Operational Platforms and Equipment
Arrow Status: PUBLICATION

Arrow Name: Operational Readiness
Arrow Definition: The number and availability of medical resources on hand to meet the requirements imposed by the assigned mission and situation.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10 para 3-11 2. FM 8-55 para 2-12c 3. FM 8-10-26 para 4-4d(4) 4. CSSCS Software Requirements Specification Ver 4.0 para 1.3 5. TMIP Capstone Requirements Document para 4.2.1

Arrow Name: Operations Section/Platoon
Arrow Definition: A section or platoon of a medical unit that plans and coordinates all operations for the unit.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 paras 2-4b(2), 3-2c and 3-2d 2. FM 8-10-6 paras 4-3c(1), 4-3d(3) Notes: 1. This activity occurs at all levels of the battlefield. For example, the section leader of the Forward Support MEDEVAC Team leader should be included in the brigade tactical planning process and the medical platoon leader involved in the battalion tactical planning process.

Arrow Name: OPLAN/OPORD
Arrow Definition: The Operational Plan covers a single military operation or a series of connected operations to be carried out simultaneously or successively. The Operational Order puts the OPLAN in effect.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 4-3d(3)(a) and 4-10b 2. FM 8-10-26, paras 4-5a and 4-7a 3. FM 8-55 paras 2-6, 2-7 and 2-24 Note: 1. OPLANs/OPORDs set in motion the planning process for subordinate elements. They set out the mission that must be supported and relevant operational factors. 2. Each medical unit and headquarters involved in providing CHS must prepare its own plan. 3. The OPLAN/OPORD annexes include the higher command's CHS and CSS plans which determine the courses of action taken by the subordinate elements.

Arrow Name: OR Capability
Arrow Definition: Information on the operating room capabilities available to the patient movement system supporting that particular level of health care.
Arrow Status: PUBLICATION
Arrow Note: . FM 8-10-6 paras 6-3e and 6-6 2. TRAC2ES Concept of Operations paras 2.3, 4.2.1 and 4.2.2 3. FM 8-55 paras 4-14b and 4-16a and c(3)(b) 4. CSSCS Software Requirements Specification Version 4 paras 3.2.1 and 3.2.2 Notes: 1. These reports provide the MROs (or equivalent) information that guides regulation of patients. The reports provided by the MTFs' Patient Administration and Discharge section include not only bed availability, but information on the medical resources, supporting staff and surgical backlogs at subordinate hospitals.

Arrow Name: Patient (First Aid Recepient)
Arrow Definition: A casualty who has received basic resuscitation and stabilization treatment from medical personnel, a combat lifesaver or self administered.
Arrow Status: PUBLICATION

Arrow Note: References: 1. FM 8-10-26 para 4-14h(9) 2. FM 8-55 para 3-4 Notes: 1. This is a portion of Level 1 care.

Arrow Name: Patient Movement Request
Arrow Definition: A request from an MTF to the patient movement system to move the patient to an MTF capable of providing the requisite care or to return the patient to duty.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. FM 8-10-6 paras 6-3e, 6-6a, 6-7a and 6-8a 2. FM 8-55 para 4-16c(3)(a) 3. TRAC2ES CONOPS para 1.3 (pp 3,5) 4. Joint Pub 4-02.2, Chap II para 2a (pg II-4) Notes: 1. The PMR, a function of TRAC2ES, includes administrative and clinical information, patient precedence, en route requirements, attendants, baggage, medications, allergies, PMIs, and patient ready date. 2. This information is captured at the MTF or during the patient's first encounter with the patient movement system.

Arrow Name: Patient Record
Arrow Definition: An electronic or paper record (such as the field medical card) that has been updated with recent identification, demographic, medical encounter, physiological or exposure data.
Arrow Status: PUBLICATION
Arrow Note: References: 1. TRAC2ES Concept of Operations para 4.5.1 2. See PIC (M) for additional references Notes: 1. See the activity "Append Medical Record" for more information. 2. Also see Physiological Data.

Arrow Name: Patient Transfer Notification
Arrow Definition: Notification of both the requesting and receiving unit of the transfer of a patient.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 6-5c 2. FM 8-10-26 para 4-14l(3) 2. TRAC2ES Operational Requirements Document para 1.2 3. TRAC2ES Concept of Operations para 1.3 (pg 4) Notes: 1. See notes for Patient Movement Request.

Arrow Name: PERSITREP
Arrow Definition: Personnel Situation Report: This information reports the changes in a unit's personnel duty status to personnel planners and executors to ensure sufficient personnel are on hand to accomplish the commander's intent.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 3-8b 2. FM 8-10-26 para 2-3 3. FM 8-10-6 para 12-5c(1) 2. FBCB2 User Functional Description para 3.2.18.3.2 Notes 1. The PERSITREP will include all standard duty statuses by social security number. It will be submitted from the platform level through the command hierarchy. 2. Also see Casualty Feeder Reports.

Arrow Name: Personal Identification & Demographics
Arrow Definition: Personal identification, demographics, unit, medical and other information that is unique to a soldier. This is information such as name, Social Security number, race, age, etc. that uniquely identify and describe the individual.
Arrow Status: PUBLICATION

Arrow Note: References: 1. Personal Information Carrier Medical Information Paper 2. AMEDD After Next Wargame '98 Initial Impressions Report (pg 7)

Arrow Name: Personal Information
Arrow Definition: Information about the soldier that is required to provide efficacious health care, support medical intelligence needs and to support other military systems' requirements. This includes personal identification, demographics, unit, medical history, treatment received, location in the health care system and health status.
Arrow Status: PUBLICATION
Arrow Note: References: 1. Military Health Services System Functional Area Model - Activity Report, Ver 6, pg D-5.

Arrow Name: Physiological Data
Arrow Definition: Current pulse, respiration, temperature and other physiological parameters that reflect the health of the individual.
Arrow Status: PUBLICATION
Arrow Note: References: 1. Warrior Physiological Status Monitor (WPSM) Information Paper 2. PIC Concept briefing hypersonicInformation Carrier Medical Information Paper 4. AMEDD After Next Wargame '98 Initial Impressions Report (pg 7) 5. Medical Information System Information Brief to MG Parker. Notes: 1. See Patient Record. 2. The working group did have some reservations about the availability of the supporting information technologies by 2010.

Arrow Name: Planned Bed Laydown
Arrow Definition: Planned location of hospital units obtained from the Synchronized MEDEVAC and CHS Plan.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 7-2 2. FM 8-55 para 4-16a 3. TMIP Capstone Requirements Document para 4.2.1 Notes:

Arrow Name: Planning Factors
Arrow Definition: Planning factors are all situational information required for the execution of applicable command guidance or assigned missions. This includes information referred to as mission, enemy, terrain, friendly troops, time available, and civilian considerations (METT-TC), patient's clinical condition, Army airspace command and control information, weather, routes, bed availability, element operational status reports, changes in evacuation policies, etc..
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6, para 4-5b 2. FM 8-10-26, para 4-4a,b&d 3. FM 8-10 para 3-11

Arrow Name: PMI Inventory
Arrow Definition: An inventory of the patient movement items in possession of the ambulance team at that point in time.
Arrow Status: PUBLICATION
Arrow Note: References: 1. See references for Activity 1.4, PMI Status Reports and PMIs. Notes: See PMI Status Reports and PMIs.

OV-5 ACTIVITY ARROW REPORT

Medical Evacuation in a Theater of Operations

Arrow Name: PMI Status Reports
Arrow Definition: Reports indicating the location and availability of equipment required for the safe movement and en route medical care of patients.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 4-4 2. Joint Pub 4-02.2, Chap 1 3. TRAC2ES Concept of Operations para 1.3 (pp 3-5) 4. TRAC2ES Operational Requirements Document paras 4.1, 4.2.1 and 4.2.2 2. TMIP Capstone Requirements Document para 4.2.2 Notes: 1. According to the TRAC2ES documents, the PMI information is embedded in the Patient Movement Request. The PMI data required for DMLSS would be extracted from this electronic form.

Arrow Name: PMIs
Arrow Definition: Equipment required for the safe movement and en route medical care of patients.
Arrow Status: PUBLICATION
Arrow Note: References: 1. Joint Pub 4-02.2, Chap 1 2. See also PMI Status Reports. Notes: This model only addresses PMIs at the evacuation platform level. See the medical logistics model for PMI management.

Arrow Name: PMIs Accompanying Patient
Arrow Definition: Patient Movement Items accompanying the patient throughout movement in the patient movement system and hospitalization system.
Arrow Status: PUBLICATION
Arrow Note: References: 1. See references for Activity 1.4, PMIs, and Patient Movement Request. 2. Joint Pub 4-02.2, Chap 1 Notes: See PMIs.

Arrow Name: PMIs Returned to Operation
Arrow Definition: Patient Movement Items released for use by another patient in the patient movement system and hospitalization system.
Arrow Status: PUBLICATION
Arrow Note: References: 1. See references for Activity 1.4, PMIs, and Patient Movement Request. 2. Joint Pub 4-02.2, Chap 1 Notes: See PMIs.

Arrow Name: PMIs Turned In for Service/Replacement
Arrow Definition: Patient Movement Items no longer capable of providing safe and effective service for a patient in the patient movement system and hospitalization system.
Arrow Status: PUBLICATION
Arrow Note: References: 1. See references for Activity 1.4, PMIs, and Patient Movement Request. 2. Joint Pub 4-02.2, Chap 1 Notes: See PMIs.

Arrow Name: Radio Frequencies & Call Signs
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 para A-5d(4)(d)

Arrow Name: Record of Medical Encounter
Arrow Definition: Documentation of the diagnostic and treatment procedures provided, reports, outcomes and prognosis resulting from a single encounter with a health care provider.

Arrow Status: PUBLICATION
Arrow Note: References: 1. Personal Information Carrier Medical Information Paper 2. AMEDD After Next Wargame '98 Initial Impressions Report (pg 7) Notes: 1. This information is primarily addressed in the hospitalization operational architecture. However, the first encounter occurs in the patient movement system. 2. See also notes on Activities 1.1.2 and 1.1.3.

Arrow Name: Regulatory Information
Arrow Definition: Laws, rules, regulations, and codes of conduct requiring mandatory compliance. This includes public law, Army regulations, Uniform Code of Military Justice, DoD directives, and standards issued by regulatory agencies and professional associations.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26, para 4-15k 2. Military Health Services System Functional Area Model - Activity Report, Ver 6, pg D-13 3. FM 8-10 Section IV

Arrow Name: Re-supply Requests
Arrow Definition: Replenishment of medical equipment sets, expendable Class VIII supplies and other supply classes.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 3-8d(2) 2. ARTEP 8-456-30-MTP Task 8-2-0319 SC para 4a 2. ARTEP 8-437-30-MTP Task 8-2-0319 para 4a 3. ARTEP 8-449-30-MTP Tasks 8-2-0350 para 5a, 8-2-0351 para3a, and 8-2-0352 para 3a. Notes: 1. Ambulance operators are responsible for maintaining the supply levels in their vehicles. The y replenish their supplies from the medical companies or hospitals.

Arrow Name: Risk Assessment
Arrow Definition: An evaluation of the unit's activities and environment for the purpose of determining the probability of negative outcomes and mitigation measures.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 Appendix F 2. AMEDD C4I IDEF0 Model Report 3. ARTEP 8-449-30-MTP Task 8-2-R326

Arrow Name: Soldier RTD
Arrow Definition: A casualty who is able to return to duty after treatment of his/her wounds or illness.
Arrow Status: PUBLICATION

Arrow Name: Special Lift Requirements
Arrow Definition: Special equipment required by the ambulance team to load the casualty onto the evacuation platform or to provide care en route.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6, para 7-6

Arrow Name: Supply Point and Field Service Status Report
Arrow Definition: This reports depicts where Class VIII supply points, ambulance exchange points and other combat service support points are located.
Arrow Status: PUBLICATION

Arrow Note: References: 1. ARTEP 8-279-30-MTP Task 8-2-9002 AA para 3d 2. FBCB2 User Functional Description para 3.2.18.3.5 Notes: 1. At brigade and below, this information will be entered through FBCB2 and integrated into CSSCS. The working group concluded this is not a requirements at division and higher.

Arrow Name: Supply Requisitions
Arrow Definition: Requests made to the logistics system for medical supplies, arms and ammunition, food, petroleum, oils and lubricants.
Arrow Status: PUBLICATION
Arrow Note: References: 1. 8-10-6 para G-1 2. 8-10-26 paras A-5b and g(4) 3. ARTEP 8-456-30-MTP Task 8-2-0319 SC para 4c 4. ARTEP 8-437-30-MTP Task 8-2-0319 para 4c 5. ARTEP 8-449-30-MTP Task 10-2-C320 paras 3 and 6

Arrow Name: Supported Unit Situational Understanding
Arrow Definition: Location and status of friendly forces supported by the assigned medical unit.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-55 paras 2-11b and e 1. Operational Requirements Document for the Warrior Medic System (Draft) para 4a(4) 2. FBCB2 User Functional Description paras 2.4.1.1.1.1 and 3.2.2.2.1

Arrow Name: Synchronized MEDEVAC Plan
Arrow Definition: A plan, usually an annex to another plan, that integrates all available command guidance and known planning factors.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. FM 8-10-6 paras 4-3c, 4-3d(3)(a), 4-5f, 4-6a, 4-7 and 7-2 2. FM 8-10-26 paras 3-2a(2), 4-4a and 4-5 3. FM 8-55 paras 2-4 and 4-6 4. TMIP Capstone Requirements Document paras 4.2.1 and 4.2.2 Notes: 1. Before initiating any operations, a unit must have an evacuation plan in effect. The medical evacuation support is keyed to the tactical plan. The MEDEVAC plan must be integrated in to the CHS annex of the OPORD, but also into the A2C2 annex as well. The plan will include information such as primary and alternate channels to submit MEDEVAC requests, employment of evacuation assets, ambulance exchange points, primary and alternate routes, destination MTFs, and required augmentation support from the supporting medical command, combat service support units and supported maneuvering units.

Arrow Name: Tactical Orders
Arrow Definition: Orders issued to subordinate units for execution.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 para 4-4a 2. FM 8-55 para 3. FBCB2 User Functional Description para 3.2.8 Notes: 1. See OPLAN/OPORD and Command Guidance for additional information. The intent of this arrow is to capture orders that are issued to subordinate elements of a unit medical commander.

Arrow Name: Tactical Overlays
Arrow Definition: A generic name for graphically oriented information that depicts the battlefield situation.
Arrow Status: PUBLICATION

Arrow Note: References: 1. FBCB2 User Functional Description para 3.2.7 2. FM 8-10-6 paras 3-4d and 4-3c(1) Notes: 1. This model depicts dynamic changes to the battlespace as a planning factor. The tactical overlay includes the position and boundaries of friendly units, the disposition of enemy units, placements of obstacles impeding movement, major supply routes with casualty collection points and ambulance exchange points, locations of medical treatment facilities and the roads and controls methods units must move on. The operations section/platoon now obtains updates to this information through manual means or by verbal communication channels. In 2010, operations sections/platoons at brigade and below will receive this information from the relevant command element through FBCB2. 2. The perishability of this information will depend on the location of the unit on the battlefield. Far forward, the data will have an operational usefulness of short duration, while in the rear, information will be more static. 3. See also Mission Plans and A2C2 Overlays.

Arrow Name: Theater Evacuation Policy
Arrow Definition: The theater evacuation policy states the maximum number of days (hospitalization and convalescence) a patient may be held in a particular operations zone for treatment prior to onward movement or return to duty.
Arrow Status: PUBLICATION
Arrow Note: Reference: 1. Joint Pub 4-02.2, Chap 1 para 2c (pg I-4) 2. FM 8-55 paras 4-1 through 4-4 Notes: 1. Patients who cannot be returned to duty within the specified number of days are evacuated to the next operations zone for further treatment. This policy is flexible and can change as the tactical situation dictates. Therefore, in the model, it will be treated as both command guidance and a planning factor depending on the context.

Arrow Name: Threat Updates
Arrow Definition: Any threats imposed by enemy activities that may adversely impact on the safety of the medical team and patients under their care.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 paras 4-7a(2) and B-6b(4) Notes: See also METT-T, A2C2 Overlays, Tactical Overlays, Mission Plans.

Arrow Name: Training Records
Arrow Definition: Documentation containing a soldier's training reports, and other information regarding his/her preparedness for performing assigned duties.
Arrow Status: PUBLICATION
Arrow Note: References: See the references for Activity 2.3.2 Notes: 1. Training records aid in the operational determination. Training records are currently available in the Standard Army Training Systems (SATS).

Arrow Name: Transported Patient
Arrow Definition: A casualty who is not expected to return to duty within the time allowed by the current theater evacuation policy.
Arrow Status: PUBLICATION

Arrow Name: Treatment Guidance

Arrow Definition: Relevant medical information from a more trained and experienced clinician to aid in the diagnosis and treatment of a casualty.
Arrow Status: PUBLICATION
Arrow Note: References: 1. Operational Requirements Document for the Warrior Medic System para 1c

Arrow Name: TSOP
Arrow Definition: The Tactical Standard Operating Procedure prescribes policy, guidance and procedures for the routine tactical operations of a specific unit.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 paras A-2 and A-5c(4) Notes: 1. A TSOP may be modified by a higher headquarter's TSOP or OPLAN/OPORD. 2. See also Command Guidance.

Arrow Name: UCMJ Coordination
Arrow Definition: Communication with the staff judge advocate prior to taking action under the Uniform Code of Military Justice.
Arrow Status: PUBLICATION
Arrow Note: References: 1. ARTEP 8-279-30-MTP Task 8-2-1015-CT para 5b.

Arrow Name: Unfulfilled Movement Request
Arrow Definition: A request to the appropriate Patient Movement Requirements Center when the medical regulating officer cannot provide the needed hospitalization.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 6-5d, 6-6b and c, and 6-8a Notes: 2. TRAC2ES Concepts of Operations para 4.3.2 Notes: See Patient Movement Request.

Arrow Name: Unit Maintenance Personnel
Arrow Definition: Personnel assigned to the unit tasked to perform unit level maintenance on vehicles and equipment.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 paras 3-4b and 3-8b, c and d

Arrow Name: Unit Physical Security Plan
Arrow Definition: Plan by which the operational element intends to protect their forces and deny the enemy access to their area.
Arrow Status: PUBLICATION
Arrow Note: References: 1. ARTEP 8-279-30-MTP Task 8-2-R306 AA para 1g Notes: 1. Plan is forwarded to higher headquarters for approval.

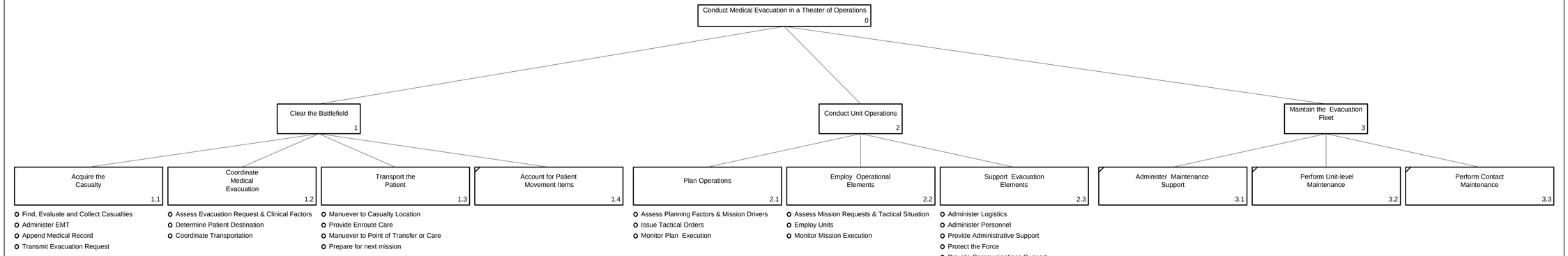
Arrow Name: USAF Flight Schedules
Arrow Definition: Detailed flight schedules provided by the USAF Aeromedical Evacuation Liaison Team.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-6 para 6-6g 2. TRAC2ES Concept of Operations paras 1.3 and 4.2.2 Notes: 1. The MRO will use the flight schedule provided by the AELT to determine whether the USAF resources are sufficient to evacuate all patients in his/her area of responsibility.

OV-5 ACTIVITY ARROW REPORT

Medical Evacuation in a Theater of Operations

Arrow Name: Weather Updates
Arrow Definition: Prevailing air and ground weather conditions in the area of operations that may impact on mission execution.
Arrow Status: PUBLICATION
Arrow Note: References: 1. FM 8-10-26 para A-5g(3) Notes: See also A2C2 Overlay, Mission Plans and Tactical Overlays.

USED AT: AMEDD-OA-001	AUTHOR: Mr. Danny J. Sharon, KPMG LLP PROJECT: AMEDD Operational Architecture NOTES: 1 2 3 4 5 6 7 8 9 10	DATE: 1/7/99 REV: 10/14/99	WORKING DRAFT RECOMMENDED PUBLICATION	READER	DATE	CONTEXT: TOP A-0



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OPERATIONAL SEQUENCE AND TIMING DESCRIPTION (OV-6)

(Diagrams with Model and Unit of Work Reports)

AMEDD-OA-001

USED AT: AMEDD-OA-001	AUTHOR: Danny J. Sharon, KPMG LLP	DATE: 08/17/1999		WORKING	READER DATE	CONTEXT:
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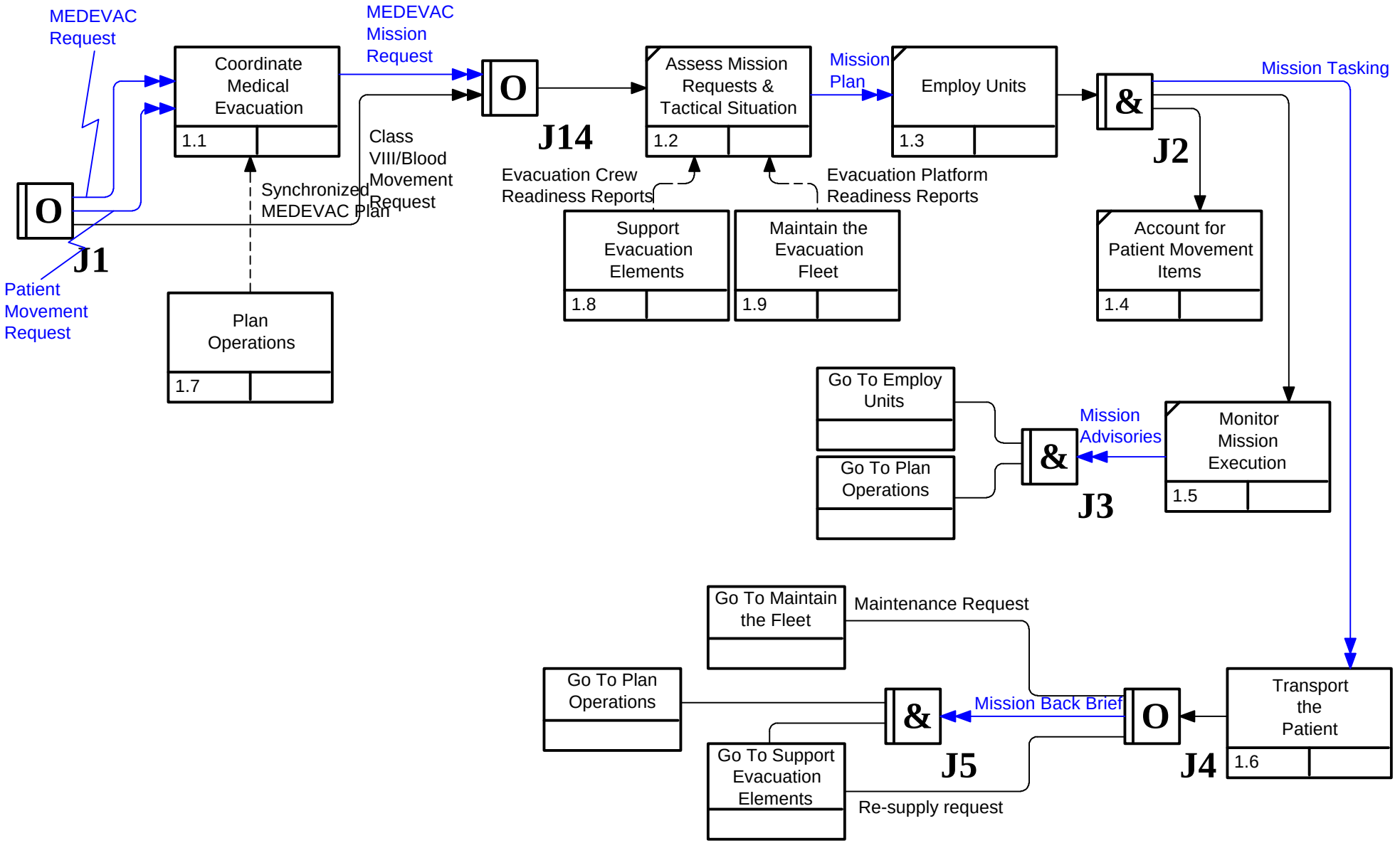

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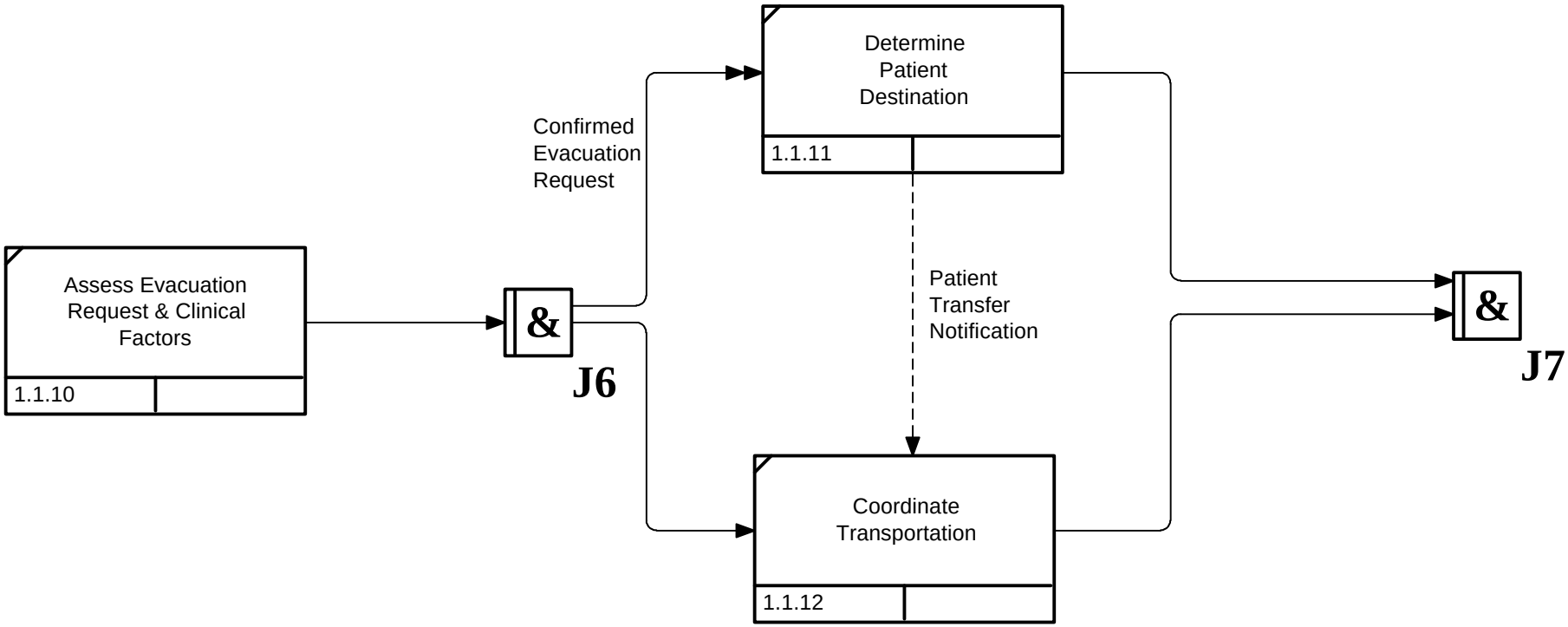

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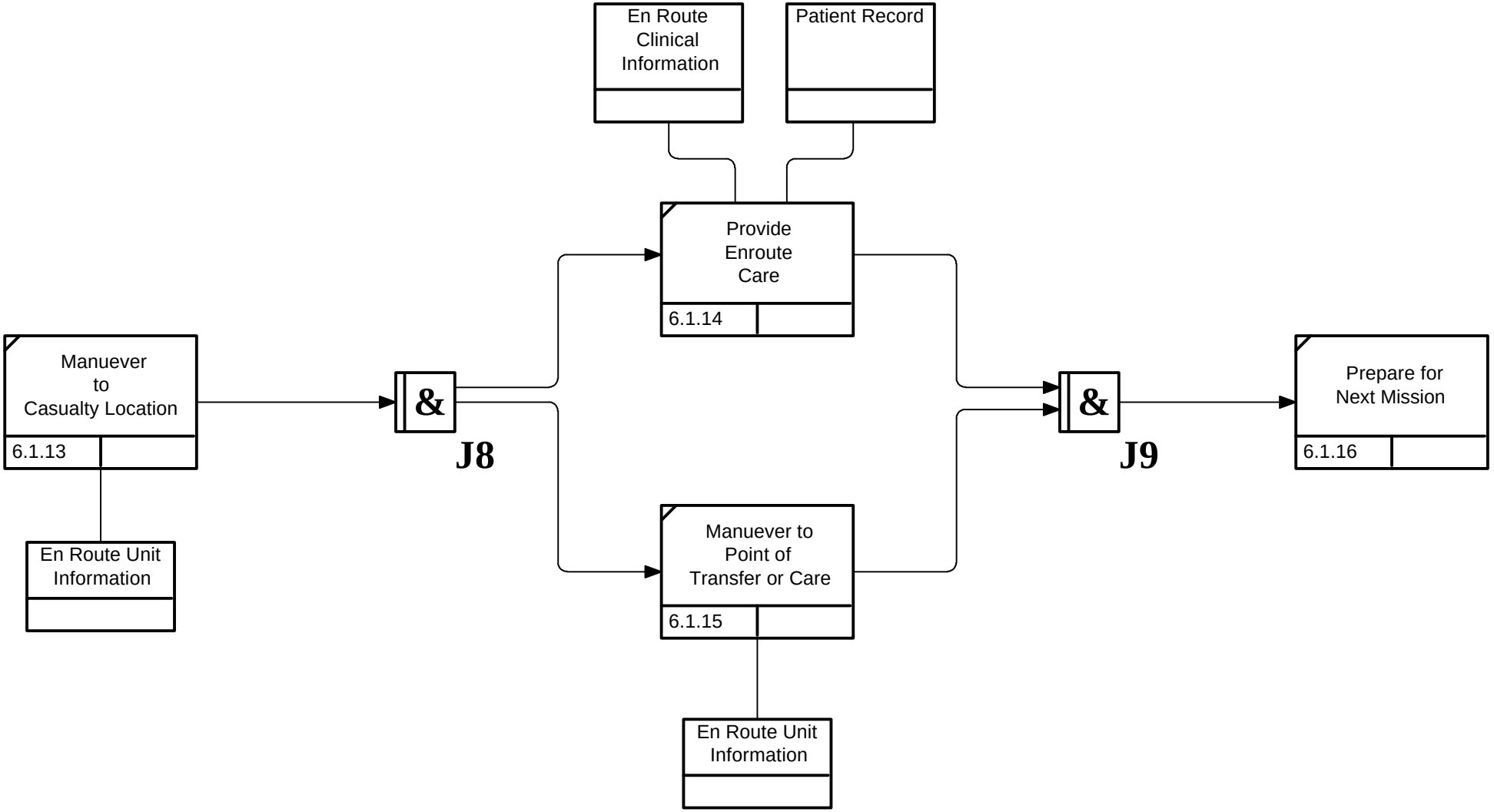

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6.1	Transport the Patient	EVAC-6.1-001

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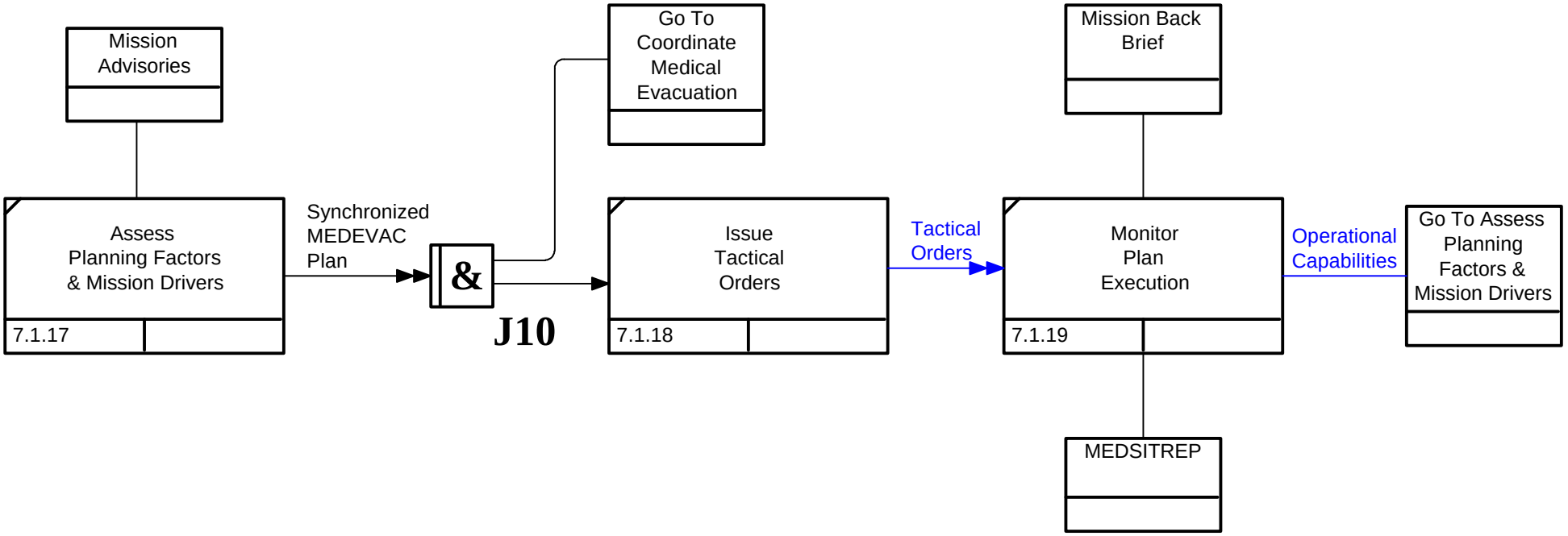

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7.1	Plan Operations	EVAC-7.1-001

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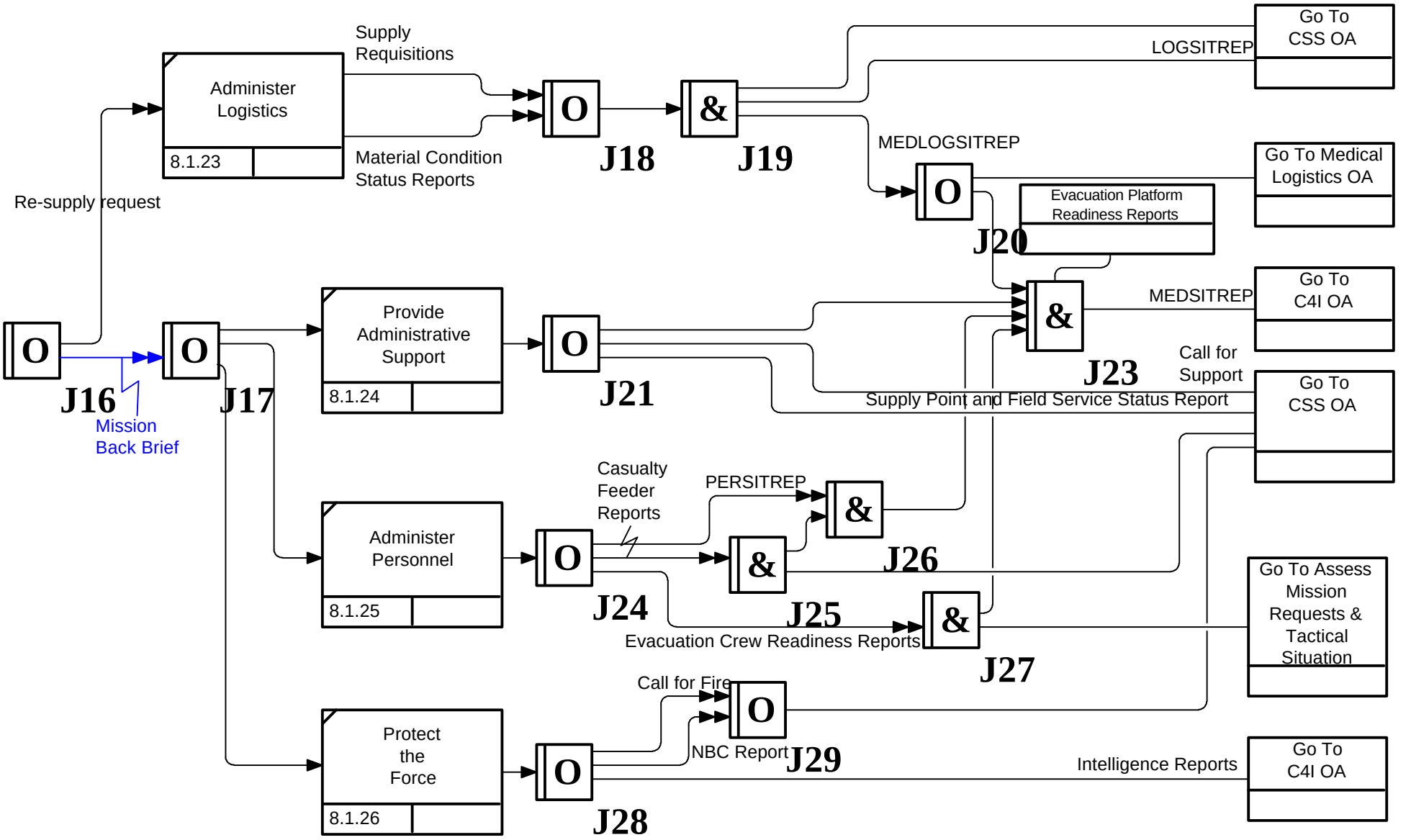

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8.1	Support Evacuation Elements	EVAC-8.1-001

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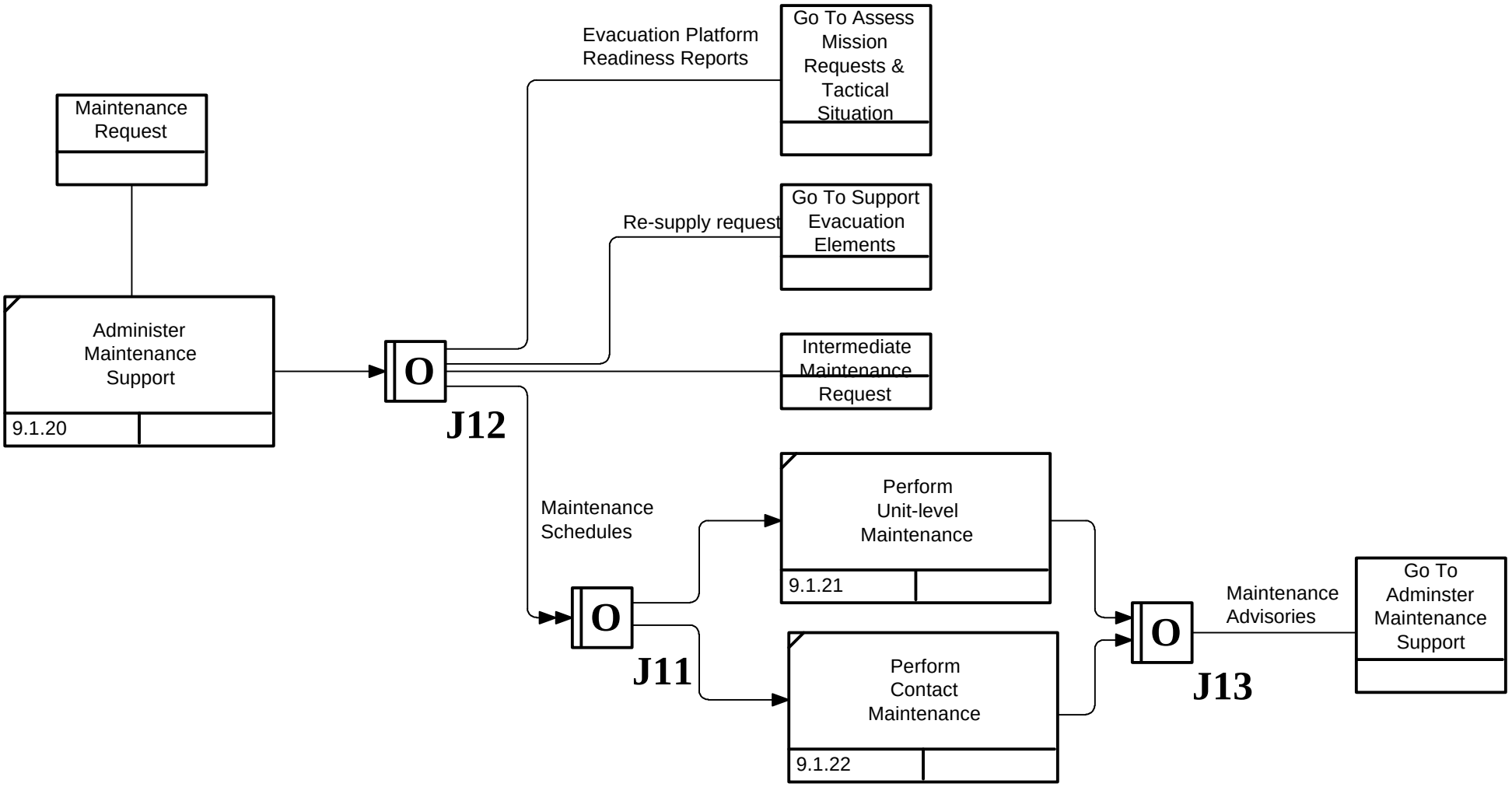

NODE:	TITLE:	NUMBER:
9.1	Maintain the Evacuation Fleet	EVAC-9.1-001

OV-6 MODEL REPORT

Medical Evacuation in a Theater of Operations

Model Name: Medical Evacuation in a Theater of Operations
Purpose: Identify the temporal aspects and critical sequence of activities encompassing medical evacuation in a theater of operations, depict the operational rules related to the exchange of information and the state transitions of key information exchanges.
Viewpoint: The perspective is of an architect who must define software applications and information technologies to enable the required information exchanges.
Definition: Medical evacuation is the timely, efficient movement and en route care by medical personnel of wounded, injured or ill persons from the battlefield or other locations to medical treatment facilities. The system begins with the initial identification of a casualty and continues through the arrival of the casualty at a point of an appropriate level of care
Scope: This model describes the activities composing a Force XXI medical evacuation system in a theater of operations.
Time Frame: (TO-BE)
Source: FM 8-10-6, Medical Evacuation in a Theater of Operations, 31 Oct 91
FM 8-10-16, Army Medical Information Operations, 3 Sep 98
FM 8-10-26, Air Ambulance Company, 16 Feb 99
FM 101-5-1, Operational Terms and Graphics, 30 Sep 97
FM 100-5, Operations, 14 Jun 93
ARTEP 8-446-MTP, Mission Training Plan for the Medical Evacuation Battalion Headquarters, 20 Mar 92
ARTEP 8-058-30-MTP, Mission Training Plan for the Medical Company, Forward Support Battalion, Support Command, Heavy Division, 21 Feb 97
ARTEP 8-279-30-MTP, Mission Training Plan for the Medical Company (Air Ambulance), 7 May 96
ARTEP 8-437-30-MTP, Mission Training Plan for the Medical Company, Support Battalion, Heavy Separate Brigade/Separate Infantry Brigade, and Medical Troop, Support Squadron, Armored Cavalry Regiment, 30 Sep 97
ARTEP 8-446-30-MTP, Mission Training Plan for the Headquarters Detachment, Medical Evacuation Battalion, 1 Sep 98
ARTEP 8-449-30-MTP, Mission Training Plan for the Medical Company (Ground Ambulance), 19 Aug 96
ARTEP 8-456-30-MTP, Mission Training Plan for the Support Company, Area Support Medical Battalion, 28 Jun 96
Army Universal Task List, 23 Jun 99
CJCSM 3500.04A, Uniform Joint Task Listing, Ver 3.0, 13 Sep 96
TRADOC Pamphlet 525-50, Operational Concept for Combat Health Support, 1 Oct 96
TRADOC Pamphlet 525-5, Force XXI Operations, 1 Aug 94
Joint Pub 4-02.2, Joint Tactics, Techniques and Procedures for Patient Movement in Joint Operations, 30 Dec 96
Combat Health Support Operations: Clearing the Battlefield Concept Paper (draft), 30 Oct 98
AMEDD C&S Director of Combat and Doctrine Development Information Briefing: Medical Reengineering Initiative: Combat Health Support of Force XXI, 2 Feb 98
TRANSCOM Regulating, Command and Control Evacuation System (TRAC2ES) Concept of Operations, 17 Mar 98
Army Medical Department Directorate of Combat and Doctrine Development Theater Medical Information Program Requirements Rationale and Horizontal Traceability Report, 1 Oct 97

Aeromedical Evacuation Officer Course (2C-F7), 16 - 27 Aug 99
Force XXI Battle Command - Brigade and Below (FBCB2) User Functional Description, Version 4.0, 24 Feb 99
AMEDD C&S Director of Combat and Doctrine Development Information Paper: Level 1 & 2 Combat Health Support under Force XXI, 6 May 97
AMEDD C&S Director of Combat and Doctrine Development Information Paper: Warfighter Physiological Status Monitor and Warrior Medic, 23 Feb 99
AMEDD C&S Director of Combat and Doctrine Development Information Paper: Personal Information Carrier, 7 May 98
AMEDD C&S Director of Combat and Doctrine Development Information Paper: Patient Movement Items, 5 Jan 99
Warrior Medic (WM) System Operational Requirements Document (Draft), 1 Dec 98
Movement Tracking System (MTS) Operational Requirements Document, 14 Sep 98
Global Combat Support System (GCSS) Operational Architecture, Ver 3.1, 16 Jun 98
Status: PUBLICATION
Author Name: Danny J. Sharon, KPMG LLP
User Last Revision Date: 1/10/00

OV-6 Unit of Work (UOW) REPORT

Medical Evacuation in a Theater of Operations

Activity Name: Coordinate Medical Evacuation
Activity Number: 1.1
Facts: If movement is Level III or higher Then receipt of Patient Movement Request is initiating event Else receipt of Medical Evacuation Request is initiating event
Activity Status: PUBLICATION

Activity Name: Assess Evacuation Request & Clinical Factors
Activity Number: 1.1.10
Objects: Evacuation Precedence, Theater Evacuation Policy, Evacuation Clinical Factors, METT-C Factors, MEDEVAC Request, Patient Movement Request, Confirmed Evacuation Request, and Denied Evacuation Request
Constraints: If patient's clinical status or the tactical situation precludes movement at time of request Then transmit Denied Evacuation Request to requesting operational element Else transmit Confirmed Evacuation Request to requesting operational element.
Activity Status: PUBLICATION

Activity Name: Determine Patient Destination
Activity Number: 1.1.11
Objects: Operating Room Capability, Beds Available, Planned Bed Laydown, Confirmed Evacuation Request, and Unfilled Evacuation Request
Facts: If evacuation is from Level I or II, then Patient Destination determined by Planned Bed Laydown Else Patient Destination determined by Planned Bed Laydown, Operating Room Capability and Beds Available
Constraints: If evacuation is inter-theater movement or Corps Army Combat Health Support lacks capacity to accomodate the patient Then Unfilled Movement Request transmitted to Joint Patient Movement System and requesting health care delivery operational element And Patient Transfer Notification afterward transmitted by Joint Patient Movement System to the receiving and requesting health care delivery operational elements Else Patient Transfer Notification transmitted to the receiving and requesting health care delivery operational elements
Activity Status: PUBLICATION

Activity Name: Coordinate Transportation
Activity Number: 1.1.12
Objects: USAF Flight Schedules, Ambulances Available, Theater Evacuation Policy, and Beds Available
Constraints: If MEDEVAC Mission Request issued Then MEDEVAC Mission Request transmitted to C4I operational element
Activity Status: PUBLICATION

Activity Name: Assess Mission Requests & Tactical Situation
Activity Number: 1.2
Objects: Tactical Standard Operating Procedures, A2C2 Plan, Patient Movement Item, Status Reports, Tactical Overlays, Threat Updates, A2C2 Overlay, Weather Updates, Supported Unit Situational Understanding, Evacuation Platform Readiness Reports, Evacuation Crew Readiness Reports, Medevac Support Requirements, Risk Assessment, Flight Plan, and Mission Plan

Constraints: If mission requirements exceed organic capability of operational element Then Medevac Support Requirements transmitted to function providing administrative support for operational element Else Risk Assessment is transmitted to C4I operational element If aeromedical evacuation mission is requested Then Flight Plan is transmitted to A2C2 operational element And Mission Plan is tasked to available crew and platform
Activity Status: PUBLICATION

Activity Name: Employ Units
Activity Number: 1.3
Objects: Mission Plan, Crew Registration Report, Estimated Time of Arrival (ETA), Daily Flight Log, Mileage Log, and Mission Tasking
Facts: Mission Tasking is Mission Plan appended with assigned crew and platform.
Constraints: If Mission Tasking is transmitted to tasked crew and platform Then ETA is transmitted to requesting operational element If operational element possesses FBCB2 or TMIP Then Crew Registration Report is transmitted to C4I operational element If tasked operational element is air ambulance team Then Daily Flight Log is appended And Daily Flight Log is transmitted to C41 operational element and to Maintenance operational element Else Mileage Log is appended And Mileage Log is transmitted to Maintenance operational element
Activity Status: PUBLICATION

Activity Name: Account for Patient Movement Items
Activity Number: 1.4
Objects: PMI Inventory
Activity Status: PUBLICATION

Activity Name: Monitor Mission Execution
Activity Number: 1.5
Objects: En Route Unit Information, Mission Advisories
Constraints: If En route unit information received Then Mission Advisories transmitted to C41 operational element And Mission Advisories transmitted to Operational Planning operational element
Activity Status: PUBLICATION

Activity Name: Transport the Patient
Activity Number: 1.6
Objects: Mission Tasking
Activity Status: PUBLICATION

Activity Name: Manuever to Casualty Location
Activity Number: 6.1.13
Activity Status: PUBLICATION

Activity Name: Provide Enroute Care
Activity Number: 6.1.14
Objects: En Route Clinical Information, Patient Record, and Medical Knowledge

Constraints: If en route treatment provided Then Patient Record appended And En Route Clinical Information transmitted to health care delivery operational element If medical information for en route treatment required by ambulance team Then Medical Information requested by ambulance team from health care delivery operational element And health care delivery operational element transmits clinically relevant medical information to ambulance team
Activity Status: PUBLICATION

Activity Name: Manuever to Point of Transfer or Care
Activity Number: 6.1.15
Activity Status: PUBLICATION

Activity Name: Prepare for Next Mission
Activity Number: 6.1.16
Objects: Re-supply Request, Maintenance Request, and Mission Backbrief
Activity Status: PUBLICATION

Activity Name: Plan Operations
Activity Number: 1.7
Activity Status: PUBLICATION
Activity Name: Assess Planning Factors & Mission Drivers

Activity Number: 7.1.17
Objects: Commander's Intent, OPLAN/OPORD, A2C2 Plan, Tactical Standard Operating Procedures, Agreements, Regulatory Information, Intelligence, Preparation of the Battlefield, Casualty Rates, Medical Intelligence, Supported Unit Situational Understanding, Operational Readiness, Mission Advisories, Operational Capabilities, and Synchronized MEDEVAC Plan
Constraints: If Synchronized MEDEVAC Plan transmitted to subordinate units Then transmit Synchronized MEDEVAC Plan to C4I operational element also
Activity Status: PUBLICATION

Activity Name: Issue Tactical Orders
Activity Number: 7.1.18
Objects: Synchronized MEDEVAC Plan, Tactical Orders
Constraints: If Tactical Orders transmitted to subordinate units Then transmit Tactical Orders to C4I operational element also
Activity Status: PUBLICATION

Activity Name: Monitor Plan Execution
Activity Number: 7.1.19
Objects: Tactical Orders, Operational Capabilities, Mission Back Brief, and MEDSITREP
Facts: Mission Back Brief and MEDSITREPs used to assess Operational Capabilities
Constraints: If Operational Capabilities transmitted to subordinate units Then transmit Operational Capabilities to C4I operational element also
Activity Status: PUBLICATION

Activity Name: Support Evacuation Elements

Activity Number: 1.8
Activity Status: PUBLICATION
Activity Name: Administer Logistics

Activity Number: 8.1.23
Objects: Re-supply Requests, Tactical Standard Operating Procedures, and Supply Requisitions LOGSITREP MEDLOGSITREP Material Condition Status Reports
Activity Status: PUBLICATION

Activity Name: Provide Administrative Support
Activity Number: 8.1.24
Activity Status: PUBLICATION

Activity Name: Administer Personnel
Activity Number: 8.1.25
Activity Status: PUBLICATION

Activity Name: Protect the Force
Activity Number: 8.1.26
Activity Status: PUBLICATION

Activity Name: Maintain the Evacuation Fleet
Activity Number: 1.9
Activity Status: PUBLICATION

Activity Name: Administer Maintenance Support
Activity Number: 9.1.20
Objects: Maintenance Request, Daily Flight Logs, Mileage Logs, Tactical Standard Operating Procedure, and Maintenance Advisories
Facts: If vehicle is flight ambulance Then flight hours indicate when aircraft should receive scheduled preventive maintenance Else If vehicle is ground ambulance Then mileage indicates when vehicle should receive scheduled preventive maintenance
Constraints: If maintenance requirements exceed organic capability of operational element Then intermediate maintenance request is transmitted to combat service support operational element
Activity Status: PUBLICATION

Activity Name: Perform Unit-level Maintenance
Activity Number: 9.1.21
Objects: Maintenance Schedules, On-Line Technical Manuals, Tactical Standard Operating Procedures, and Maintenance Advisories
Activity Status: PUBLICATION

OV-6 Unit of Work (UOW) REPORT

Medical Evacuation in a Theater of Operations

Activity Name: Perform Contact Maintenance
Activity Number: 9.1.22
Objects: Maintenance Schedules, On-Line Technical Manuals, Tactical Standard Operating Procedures, and Maintenance Advisories
Activity Status: PUBLICATION

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ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL

Operational Architecture

Conduct Medical Evacuation in a Theater of Operations

AMEDD-OA-001

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